

## The Los Angeles County Community Child Welfare Coalition

The Los Angeles County Department of Children and Family Services has been a leader in Child Welfare, serving as a national model for the implementation of the Federal Child Welfare Agenda. Through innovative and collaborative services, from 2000-2012, Los Angeles County steadily reduced the number of children in out-of-home care, the number of child fatalities and the length of time children spent in the foster care system. These efforts not only successfully maintained and reunified families, they saved the system millions of dollars that were able to be redirected into services that assisted even more families from entering the system, and reduced the overall incidence of child abuse and neglect. However, since a change in leadership in early 2012, and a subsequent change in the direction and philosophy of the Department, Los Angeles County is no longer in alignment with the national child welfare agenda of safety, well-being and permanency. This change has resulted in the following:

- **Increase in out-of-home placements** by approximately 1,700 children or 10% overall; the first increase in 12 years
- **Increase in disproportionality**, particularly for Latino children who now represent 59% of the children in foster care
- **Increase in child fatalities**; until 2012, deaths had been reduced to 24 annually, in June 2013 alone, there were 3 fatalities
- **Decrease in family services available**; a \$14 million dollar cut was made to Family Preservation services for high risk families in July 2013, a cut that will further escalate detentions and child deaths; within 2 weeks of the cut in funding, over 500 families were on the waiting list for services
- **Elimination of Key Strategies** that provided a continuum of care for families; the Point of Engagement model which helped reduce the number of children in foster care by 50% and saved the County \$100 million was terminated.
- **Reduction in efforts** to train staff in model practices and bring new professionals into the Department; Training on models mandated by the Katie A settlement that ensure evidence based practices and internships with the University Consortium that increase the number of MSWs hired into the Department were significantly reduced.

As Child Welfare providers throughout the County, over 40 of our agencies have joined together to form the Countywide Community Child Welfare Coalition, in order to address these issues. We have expressed our concerns to the Department and the Los Angeles County Board of Supervisors. In May, we called a community meeting where over 1400 individuals came together to present our concerns to Congressmember Karen Bass and request her support. To date, some progress has been made, including the establishment of a Blue Ribbon Commission by the Board to investigate the Department. However, we have yet to get answers to many of our questions. We are requesting that, as our federal representative, you assist us with finding the answers to the following questions that pertain to the federal dollars received by Los Angeles County:

- How much Title IV-E Waiver funding has Los Angeles County received in FY2012-2013?
- How much of the Title IV-E funds received were spent on out-of-home care?
- How were the remaining Title IV-E funds expended?

Thank you for your support in this matter. The families and communities of Los Angeles County are depending on you to assist us with this crisis.

# ***The Los Angeles County Community Child Welfare Coalition***

## **Los Angeles County Department of Children and Family Services**

### **Issues and Concerns**

1. ***Direction of the Department re: Family Child Welfare Outcomes.*** The prior direction of the Department was consistent with federal child welfare goals and focused on safety, permanency and reduction of reliance on out-of-home care. Current direction, per the Department Director, is on common sense, critical thinking and accountability. What does this mean in terms of Child Welfare goals?
2. ***Rapid increase in detentions along with decrease in children returning home.*** Prior to change in leadership, detentions were consistently decreasing and the number of children exiting the system was increasing (past 12 years). Currently, detentions are dramatically increasing and the length of time children are remaining in care is also increasing (more children entering system and fewer leaving).
3. ***Children are being detained without meeting legal sufficiency for removal as well as being removed from home without warrants.*** Recommend reviewing the number of children returned at the adjudication hearing because the detention did not meet the legal requirements and/or no warrant was obtained.
4. ***Differential Response has been eliminated; No consistent service delivery system is available.*** The Department no longer supports Differential Response as the framework for working with families. Funding has been diverted from services that support family well-being and permanency and moved to focus solely on safety measures through removal and detention. The service delivery system that was in place and working effectively 18 months ago has been significantly altered. Staff morale has been negatively affected resulting in significant loss of staff to the Department as they feel unable to provide assistance to support families.



5. ***Achieving Title IV-E Waiver outcomes is no longer a Departmental priority resulting in significant decreases in results related to Waiver goals.*** The Department no longer appears to place any emphasis on achieving the outcomes identified in the Waiver Plan. Waiver funding has been diverted to support efforts not consistent with the goals to be achieved. One example is the elimination of Waiver funding for Family Preservation. This funding supported Up Front Assessments, one of the key programs Los Angeles County implemented that had tremendous impact on the reduction in detentions. Effective July 1, the cut in funding has reduced this program almost to elimination.
6. ***Lack of placements available for children who are detained.*** The effectiveness of the system in decreasing detentions in the prior 12 years also decreased the need for emergency shelters, group homes and foster care providers. With the rapid increase in detentions, the lack of available placements has created a crisis. The Department is currently trying to purchase emergency shelters that would move the County back in the direction of McLaren Hall, an institution the County worked for years to eliminate.
7. ***Misuse of Welcome Centers at Command Post in order to cover-up the lack of available placements.*** Departmental policy allows for children to remain in a Welcome Center for up to 24 hours after detention. Due to the lack of placements available, children have been kept in the Welcome Centers for 23 ½ hours, signed out and then taken to Regional Offices for the day. At the conclusion of the day at the Regional Office, they are returned to the Welcome Center and “re-registered” in order to appear as if they are “new children” in the Center. Based on information from Department staff, children have remained in the Welcome Center for as long as 8 days, being shuffled back and forth to a Regional Office during the day.
8. ***Fatalities appear to be increasing with 3 occurring in the past month.*** Prior to leadership change, fatalities were decreasing along with the decrease in detentions. Given the current direction of the Department, the continued decrease and/or elimination of community services will only result in a continued increase in child deaths as family support and wrap around services are no longer available or have long waiting lists. As of the end of June, the waiting list for Family Preservation services was 268 families due to the reduction of funding by 30%. Prior to this cut, no waiting list existed for services.

9. ***Lack of clear plan or “logical thinking” in regards to the Reorganization of the Department.*** One of the first actions of the new Director was the reorganization of the Department; however there appears to be no justification for the moves or decisions made. Directors and Managers were moved to positions in which they had no experience, skill set and/or knowledge of the community to which they were moved. For example, the Director moved to oversee Contracts has no experience in contract administration. The manager moved to oversee the Hotline and Command post, has no true direct service experience in child welfare. His prior decade plus of experience has been working as the governmental liaison for the Department. The Director moved to oversee the Metro North Office, has no child welfare experience. Prior to the move, he was overseeing wrap-around services after a transfer from the Department of Mental Health. All Directors overseeing the Regional Offices were moved, eliminating all ties and relationships with the communities they had previously been serving.
10. ***Fragmentation caused by the Reorganization.*** In addition to the moving of Directors and Managers, the Director also altered how each Regional Office is overseen. Instead of having one Regional Administrator overseeing an Office, there are now two Regional Administrators “in charge” at each office. One oversees the front end services and one oversees the back end. Further, each Regional Administrator is responsible for those services at two offices, instead of one. For example, the Regional Administrator at Compton for front end services, is also responsible for the front end services at Vermont Corridor. This has caused major fragmentation in services between the front end and the back end workers. Because there is no one person in charge, policies are being implemented that cause inconsistencies and confusion in the offices. This has caused the number of cases that are not being investigated within 30 days to increase significantly.
11. ***Lack of Training available for Staff.*** Prior to the change in leadership, the Training Department had two managers, a strong partnership with Local Universities through the InterUniversity Consortium (IUC) and plans in place to increase capacity through the implementation of an Investigator’s Academy. The managers have now been removed, leaving only line staff with no leadership. The contract with the IUC was planned to be eliminated, however is now being retained at a minimal level. The Investigator’s Academy was eliminated. There has been discussion of putting the training program out to bid....module by module as well as developing a year-long training academy for all new staff, but according to Department staff, the leadership can’t decide what staff need to be trained on.

12. ***Lack of support for staff from Department Executive Team.*** In the past year, over 200 Children Service Workers have resigned. According to the Union, the primary reason for leaving is the lack of support from the Department. Staff are immediately accused and placed on desk duty and/or terminated when an incident occurs with a child that results in a fatality or high profile case. The Department has responded in a reactionary manner anytime the press has printed a negative story. This has included the Director responding to the press in a manner that has made it clear he is not supportive of the staff. As further evidence, a first action by the Director in this position was an audit of all the staff's mileage based on his assumption that staff must be committing fraud on their mileage claims.
13. ***Inequity in staffing in Regional Offices.*** In particular, SPA 6 offices are significantly understaffed, with no effort being made to attempt to develop any equity by transferring staff from other areas. The Department has no efforts focused on retention any longer, so staff are leaving and/or allowed to transfer out of what are deemed more difficult offices without regard to the impact on child welfare outcome or families in that community.
14. ***Elimination of partnerships with community; inclusive of CBOs, faith-based, foster care and group home providers.*** The community no longer has a voice in the Department. The Leadership Team removed the community from the strategic planning process and has made no attempts at engaging the community since they came into their positions. Decisions are made and implemented without the community's knowledge or input. For example, Point of Engagement was eliminated as an approach to services at the beginning of this year. The community has yet to be officially notified of its demise.
15. ***Use of consultants.*** Information from within the Department indicates that a significant amount of Waiver funding has been used to hire consultants without any clear indication of the need, including a number of attorneys to assist the Director with legal advice. It has also been indicated that if consultants do not present issues or products consistent with the Director's philosophy or that contradict his decisions, their work has not been used, resulting in a waste of funds. For example, consultants hired to review the service delivery system recommended maintaining and strengthening the Point of Engagement approach. Clearly, this plan was not utilized.

**16. Lack of Child Welfare Knowledge and Experience in the Executive Team.** All the issues and concern reflect a lack of knowledge, understanding and experience in child welfare and the needs of a child welfare system. **None of the five members of the Executive Leadership Team have any experience in child welfare.** Their lack of support, direction and guidance, their destruction of relationships and the safety net for our children and families has created anger at all levels....from the staff in the Department, the care givers and the community.



# KEEPING KIDS AT HOME

Partnering for Success

## Blue Ribbon Commission on Child Protection

October 28, 2013

Presented by  
Los Angeles County Community Child Welfare Coalition



# POINT OF ENGAGEMENT (POE)

Changing How Business Is Done

# POINT OF ENGAGEMENT: overview



Point of Engagement (POE) is a collaborative public and private initiative that provides a community safety net for our children and families. POE provides a faster response for the provision of services, and through the use of teams, an emphasis on shared decision-making and comprehensive case evaluations and investigations.

Furthermore, POE utilizes a multidisciplinary approach that includes the family in the process of selecting and planning for the delivery of needed services. POE was designed to achieve DCFS' mission of ensuring safety, permanency and well being for each child, and specifically to:

- **Reduce reliance on out-of-home care**
- **Increase Permanency**
- **Increase child safety**

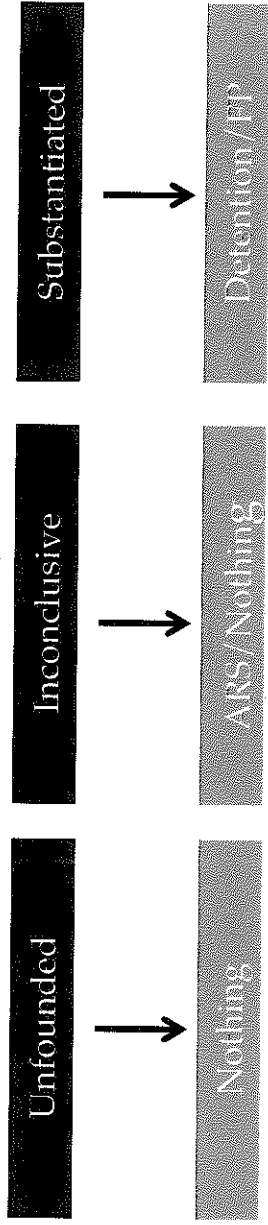
# POINT OF ENGAGEMENT: components

- Up Front Assessments
- Community Response/Prevention Initiative
- Alternative Response
- Team Decision Making
- Voluntary Services
- Multidisciplinary Assessment Teams

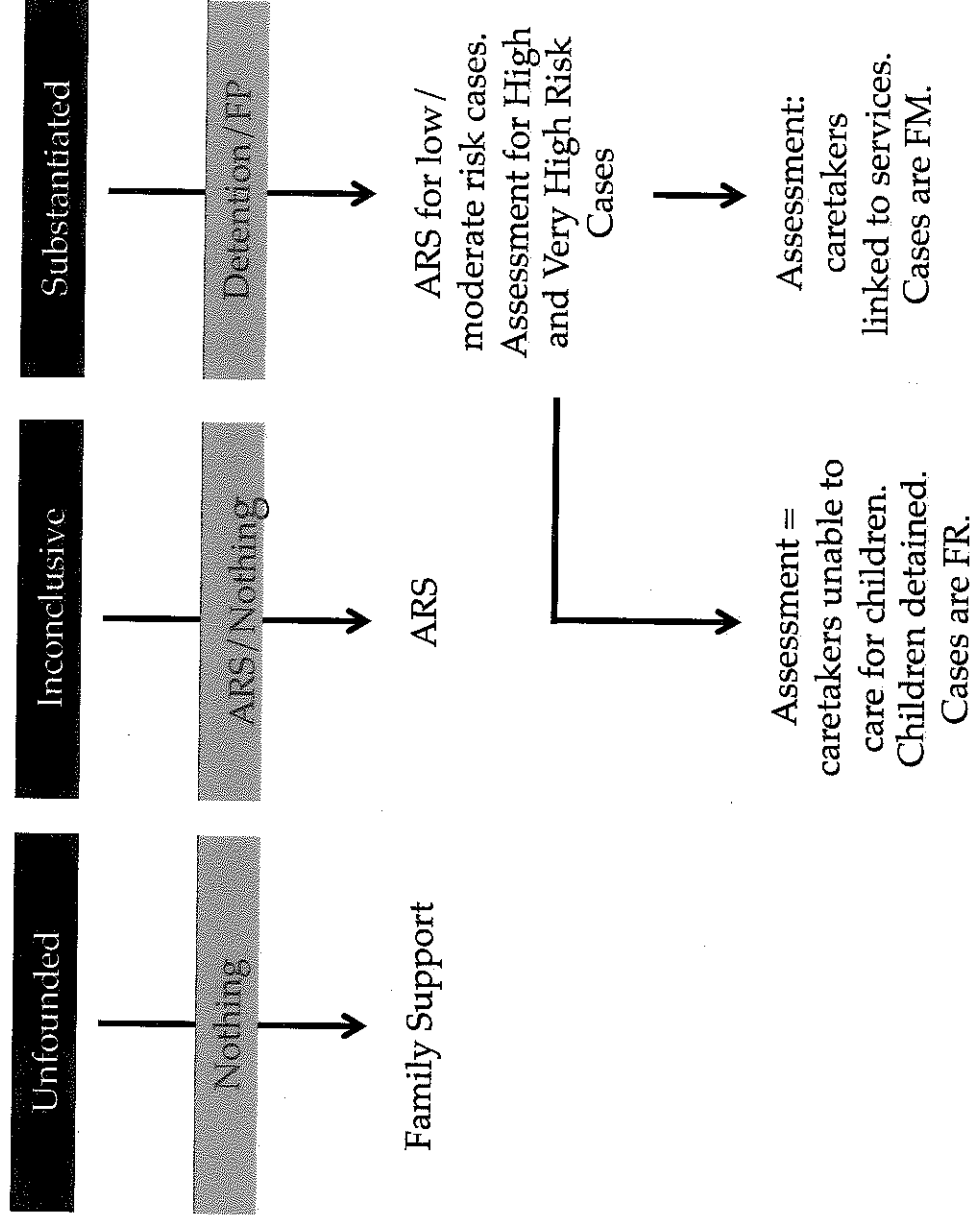




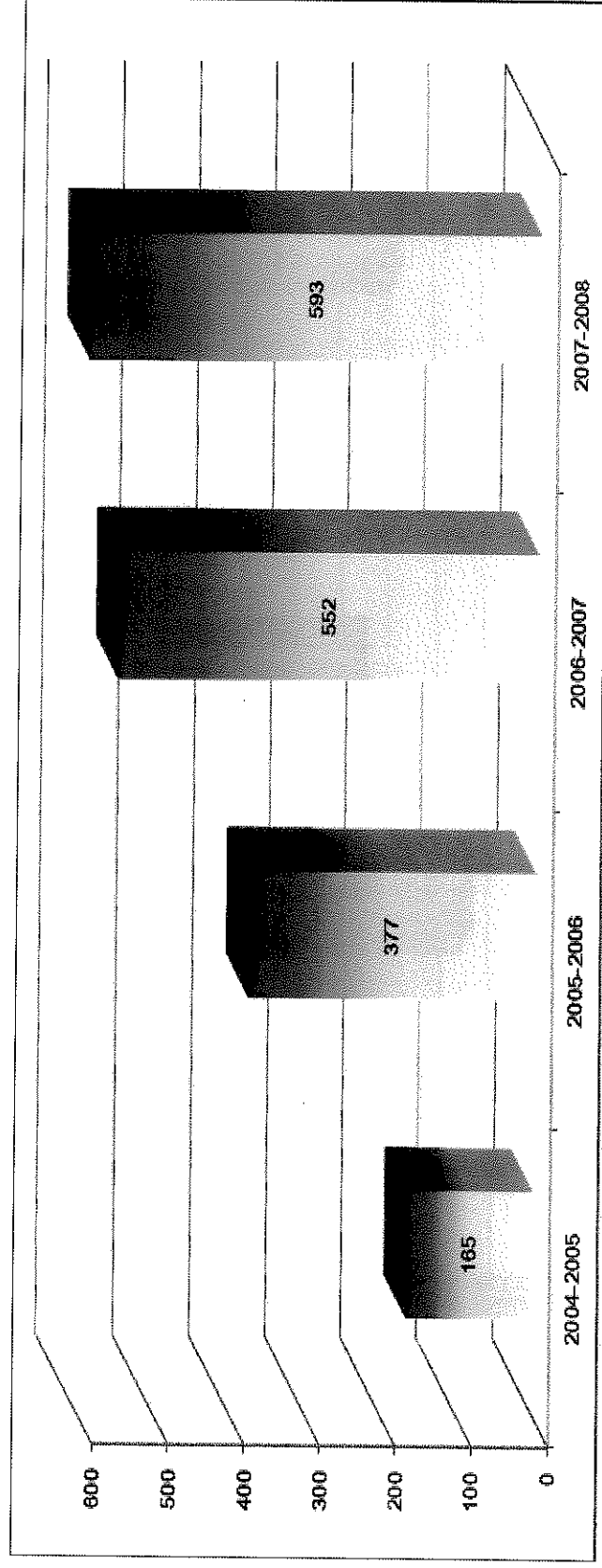
# RESPONSE BEFORE POE



# RESPONSE AFTER POE



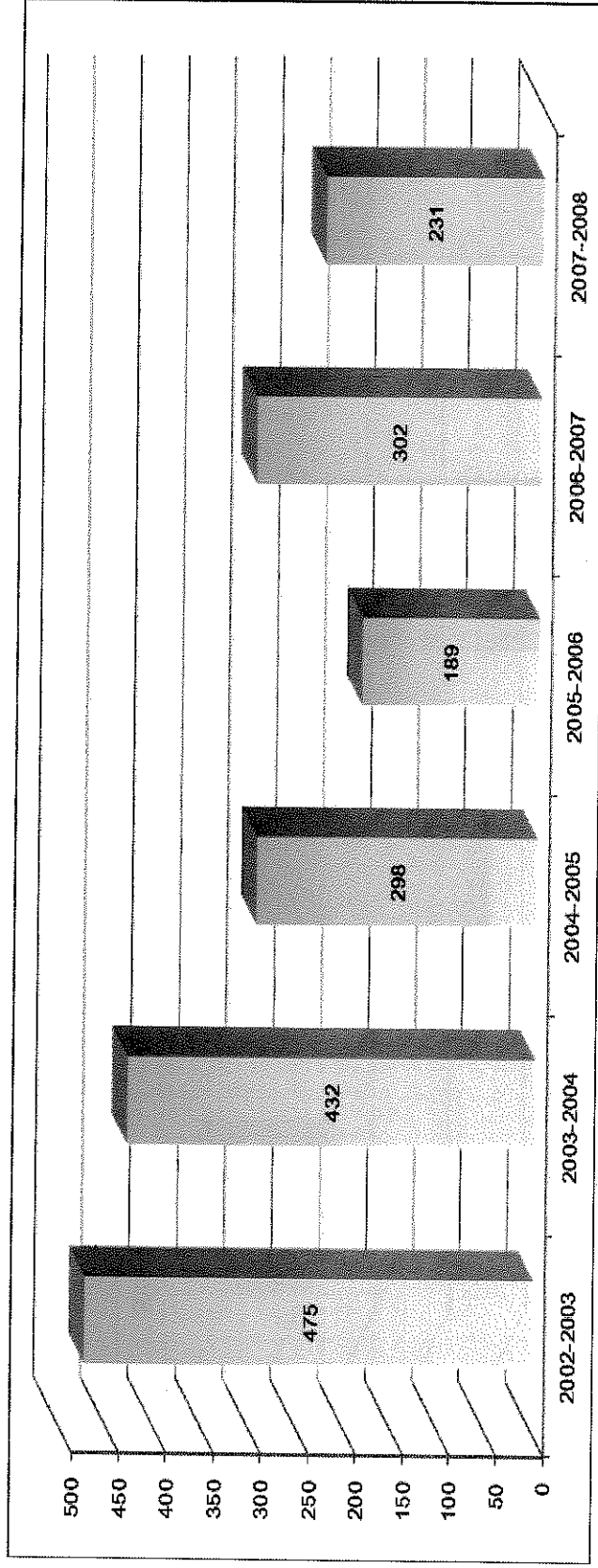
# CHILDREN REUNIFIED COMPTON PROJECT (SPA 6)



Total Number of Children Reunified in FY 07-08 = 593

*Reunified 3.6 x the Amount of Children compared to Baseline Year 04-05*

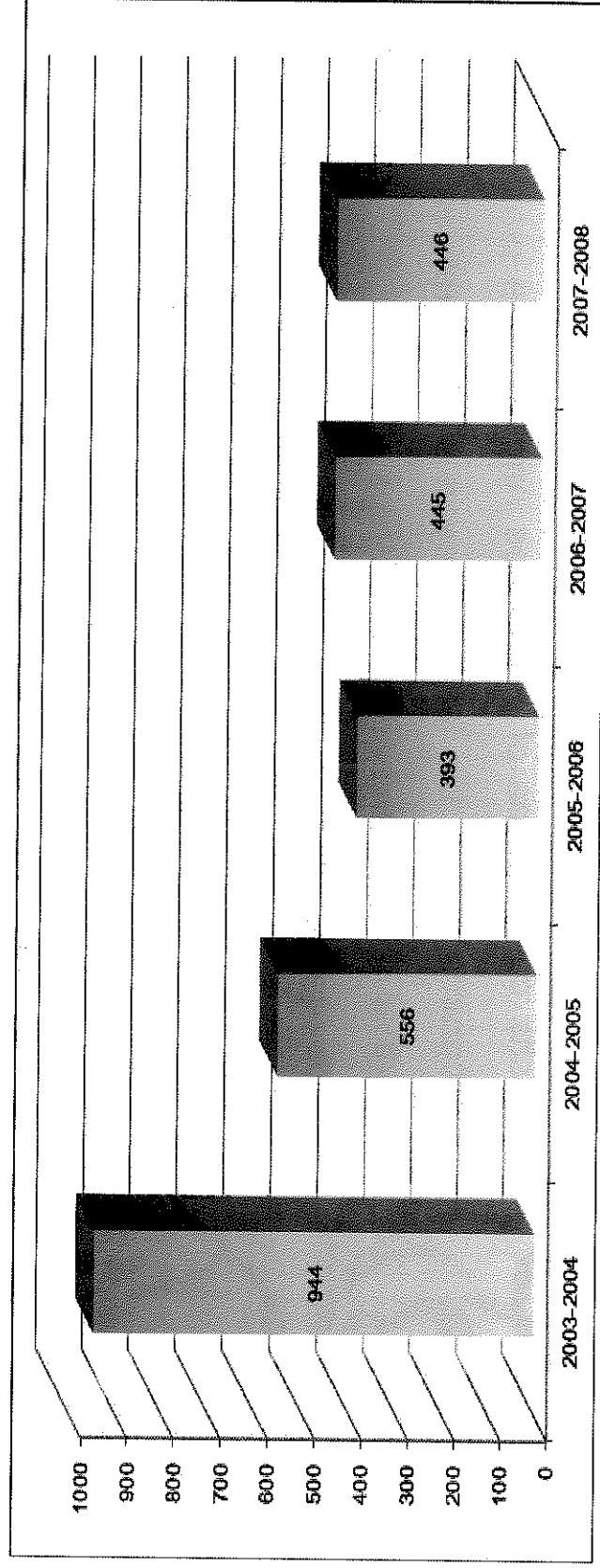
# CHILDREN DETAINED COMPTON PROJECT (SPA 6)



Total Number of Children Reunited in FY 07-08 = 231

*Reduction of 52% from Baseline Year 2002-2003*

# MEDIAN DAYS IN OUT OF HOME CARE COMPTON PROJECT (SPA 6)



*Reduction of Days in Care by 53% from Baseline Year 2003-2004*



# SHIELDS for families

*believing, building, becoming*

**SHIELDS** is a non-profit agency serving the Compton and Watts communities of South Los Angeles. We provide 35 programs, act as the lead agency in 5 collaboratives and a partner in 4, with over 60 partnerships with agencies serving this community.

We currently have approximately 380 employees and an annual budget of \$26 million, involving over 50 contracts from multiple sources.

SHIELDS programs are offered in multiple sites in the community, including 20 school locations.





## **A.S.K. – Our Prevention Initiative Demonstration Project (PIDP), 2008**

- 4 Family Resource Centers
- Linkage and Support Services
- On-site Legal and Vocational
- Serve over 10,000 families annually; 75% from the community
- Over 25,000 linkages provided
- Only 12% recidivism for DCFS referred cases vs. 23% for DCFS families not accessing ASK services

# **FAMILY SUPPORT, 1997**

- Community and DCFS diversion
- In-Home Case Management
- Support Groups On-site: Parenting, Domestic Violence, Anger Management
- Educational: ESL, Basic Skills and High School, Computer Training
- Over 200 families served annually
- Over 85% successfully completed





## **ACT: Achieving Change Together – Partnership for Families Initiative (PFF), 2005**

- DCFS diversion for high risk families with children 0-5
- In-Home Case Management
- Support Groups On-site
- Child Development Center
- 207 families with 521 children served last year
- Collaborative One Stop with 7 core and 52 Partner Agencies
- DCFS re-referral rate at 8%

A decorative graphic featuring stylized black and grey floral and scrollwork patterns, positioned on the left side of the slide.

## **Up-Front Assessments (UFA), 2004**

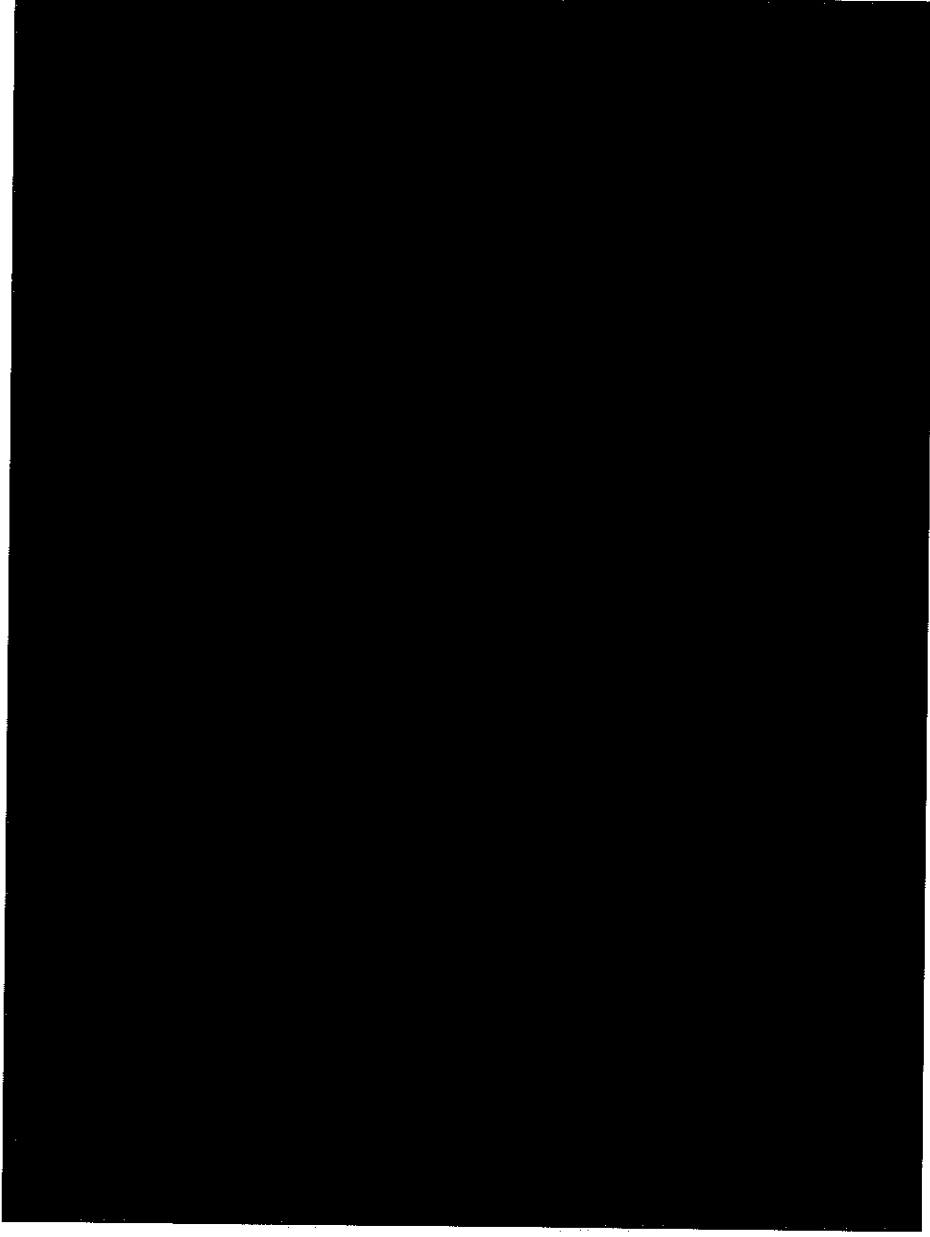
- Pilot Agency for UFAs
- Assess parental capacity for SA, MH and DV involved families
- First year reduced out-of-home placement by over 50%
- Implemented County Wide 2009
- Over 4000 assessments conducted since 2004
- Cost savings in first 5 years estimated at \$10 million



## **Family Preservation, 1992 Alternative Response (AR), 1997**

- One of 9 agencies selected to initiate Family Preservation for high risk families.
- Reduced out-of-home placement by 30% in first 2 years
- Pilot Agency for Alternative Response (1997)
- Over 150 families served annually
- 85% successfully completed FP; 100 % completed ARS last year
- Conducted over 6000 assessments, and 9,201 children stayed in their homes, resulting in the reduction of out-of-home placement by 62%

# **PARTNERSHIP: DCFS & Community**

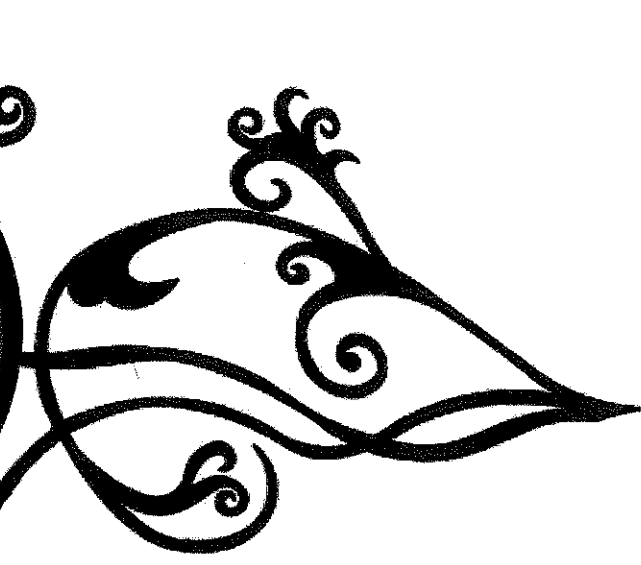


**Blanca Vega, DCFS**



# FAITH-BASED COLLABORATION

# QUESTIONS AND ANSWERS





# COMMUNITY- BASED AGENCIES

Prevention Services & Programs



# COMMUNITY AGENCIES

## Prevention Services & Programs

### PIDP

Manuel Rivera, PhD  
Regional Vice President, Programs  
Children's Institute, Inc.

### PFF

Jennifer Ralls, M.Ed, PhD  
*Director of Outcomes and Community Impact*  
Para Los Niños

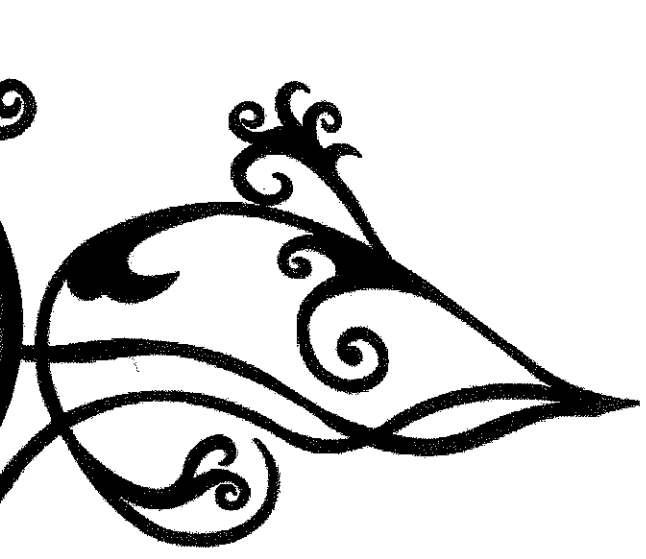
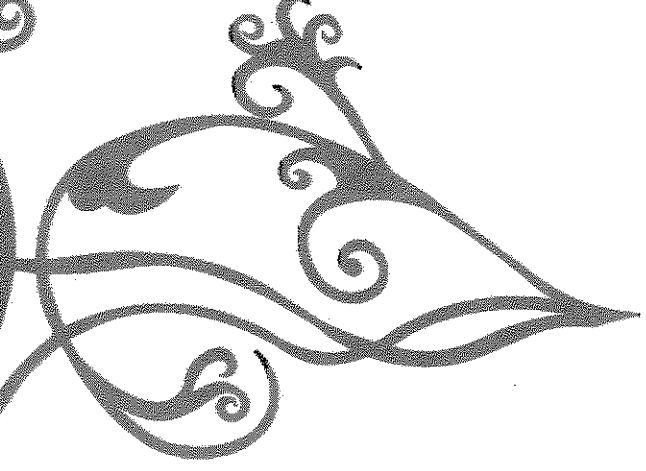
### UFA – ERCP

Georgia Thompson, MA, MBA, MFTI  
*Program Manager, FP/CalWORKs/CSBG*  
Bienvenidos





# QUESTIONS AND ANSWERS





Dr. Jennifer Janofsky Ralls  
Para Los Ninos  
October 28, 2013

## **Partnerships for Families (PFF)**

Child abuse prevention program aimed at addressing  
Risk Factors and enhancing Protective Factors

### ***Collaboration***

PFF launched in July, 2006 as a collaboration between  
First 5 LA and DCFS

Funded by First 5 LA

## ***Flexible and comprehensive services***

### **Services include:**

- In home counseling
- Psychoeducational and Psychosocial Supports
- Access to Concrete Supports to meet service plan goals
- Community capacity building

3

## ***Community Voice***

### **► Community Capacity Building efforts to promote:**

- Social Connections
- Increased family resiliency
- Leadership skills
- Advocacy skills

### **► Spaces include:**

- Parent Cafes
- Parent Advisory Councils

4

### ***Consistent Outcomes Framework***

- Qualitative stories of success
- Quantitative demonstration of success through the Family Assessment Form (FAF)
  - Database used since program launch
  - Consistent set of Family Functioning domains to assess and demonstrate program impact

5

### ***Belief in strong and expert families***

- Impact data tied to Protective Factors
  - Caregiver/Child Interactions (FAF domain area) tied to Understanding of Child Development (Protective Factor)
  - Support to Caregivers (FAF domain area) tied to Social Connections (Protective Factor)

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### ***Challenges in current child welfare system***

- ▶ Limited opportunities for Collaboration
- ▶ Inflexibility with how resources allocated
- ▶ Limited opportunities for community voice to inform program planning and decision making
- ▶ Inconsistent accountability framework that maintains CHILD SAFETY as the goal but shifts input mandates to reach that goal (pendulum swings from prevention & preservation to detention)
- ▶ Disconnect between "talk" of strong and expert families and "action" that suggests devaluing of community ideas for how to keep their children safe


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### ***Recommendations for Improvement***

Common set of principles, including the following:

- Partnership and collaboration
- Flexibility with resource allocation (provide what families need)
- Community-informed program planning and decision making
- Clear and consistent Outcomes Framework
- Policies that reflect a belief in the strength of families

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# **CHILD WELFARE COALITION COMMUNITY MEETING**

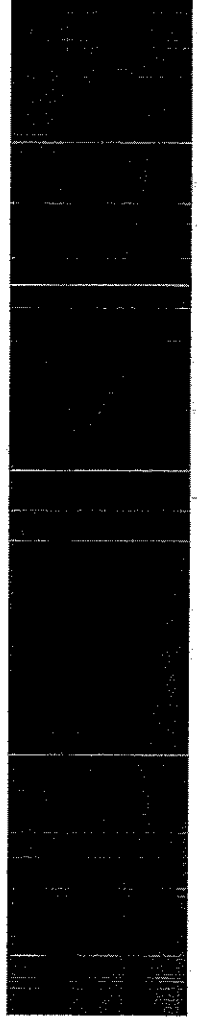
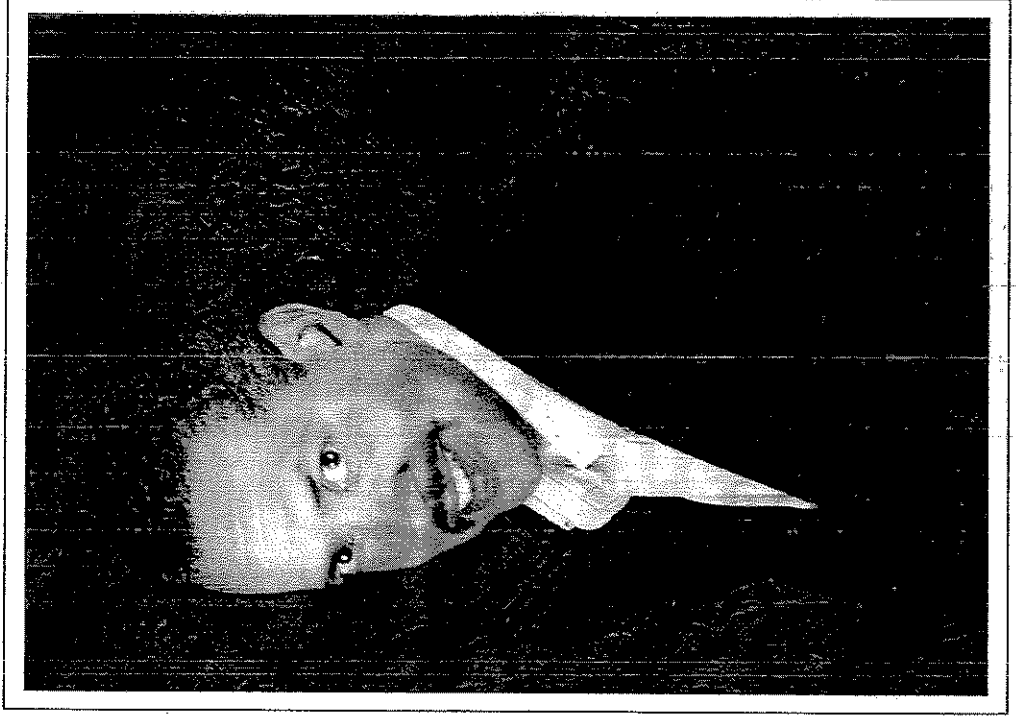
## **ADDRESSING THE DIRECTION OF THE LA COUNTY CHILD WELFARE SYSTEM**

**MAY 30, 2013, 1:00 P.M.  
WEST ANGELES CHURCH, NORTH CAMPUS  
3045 CRENSHAW BOULEVARD, LOS ANGELES, CA 90016**



# WELCOME AND INVOCATION

**Dr. Matt Harris**  
***Co-Founder & CEO***  
**Project IMPACT**  
**SPA 6 Community**  
**Child Welfare Coalition**





# OPENING REMARKS

**Dr. Kathryn Icenhower**  
*Co-Founder/CEO*  
**SHIELDS For Families**  
*SPA 6 Community*  
*Child Welfare Coalition*



# **PRESENTATION OF ISSUES**



- 1. DETENTION Strategy**
- 2. DISMANTLING of Safety Net**
- 3. DESTRUCTION of Partnerships**



# PRESENTATION OF ISSUES

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Issue 1:

## **DETENTION Strategy**

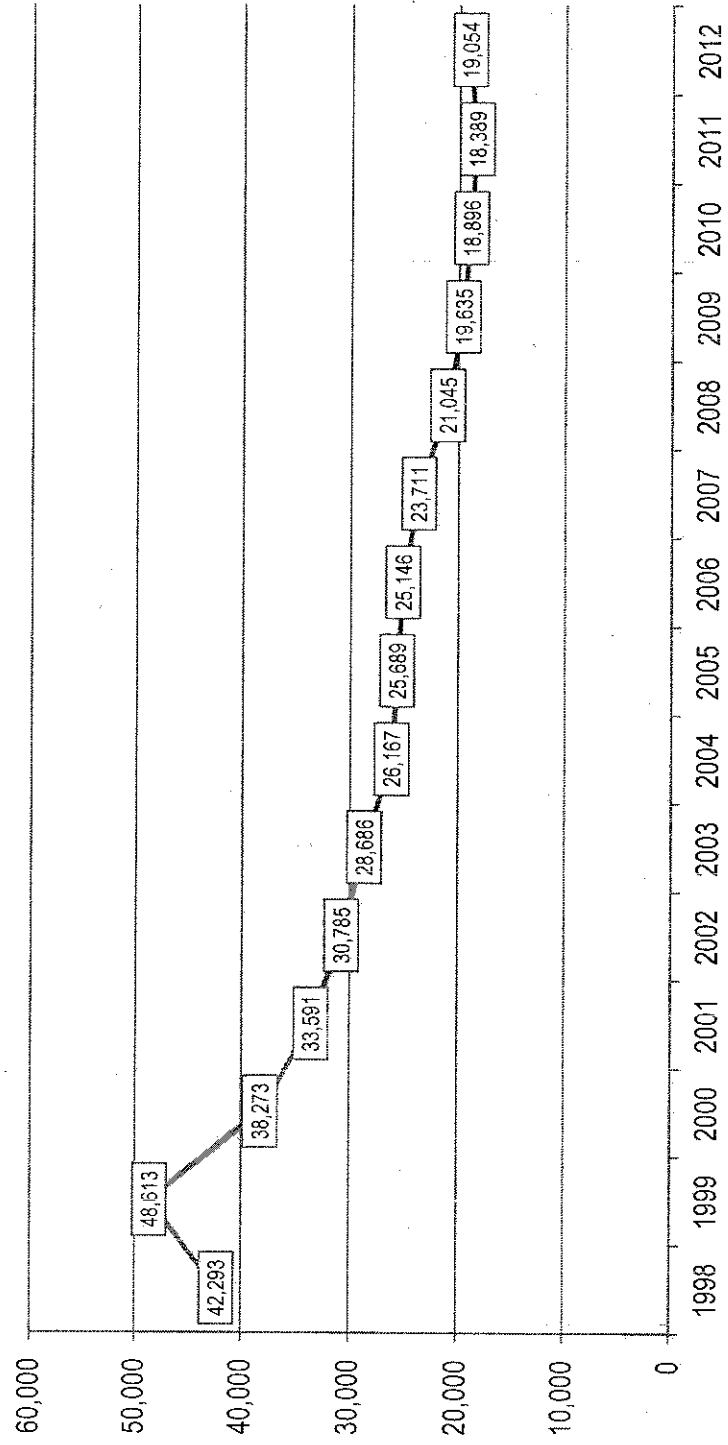
Dr. Matt Harris, *Project IMPACT*



# Issue 1: DETENTION Strategy

## Out-of-Home Placements, 1998 to 2012

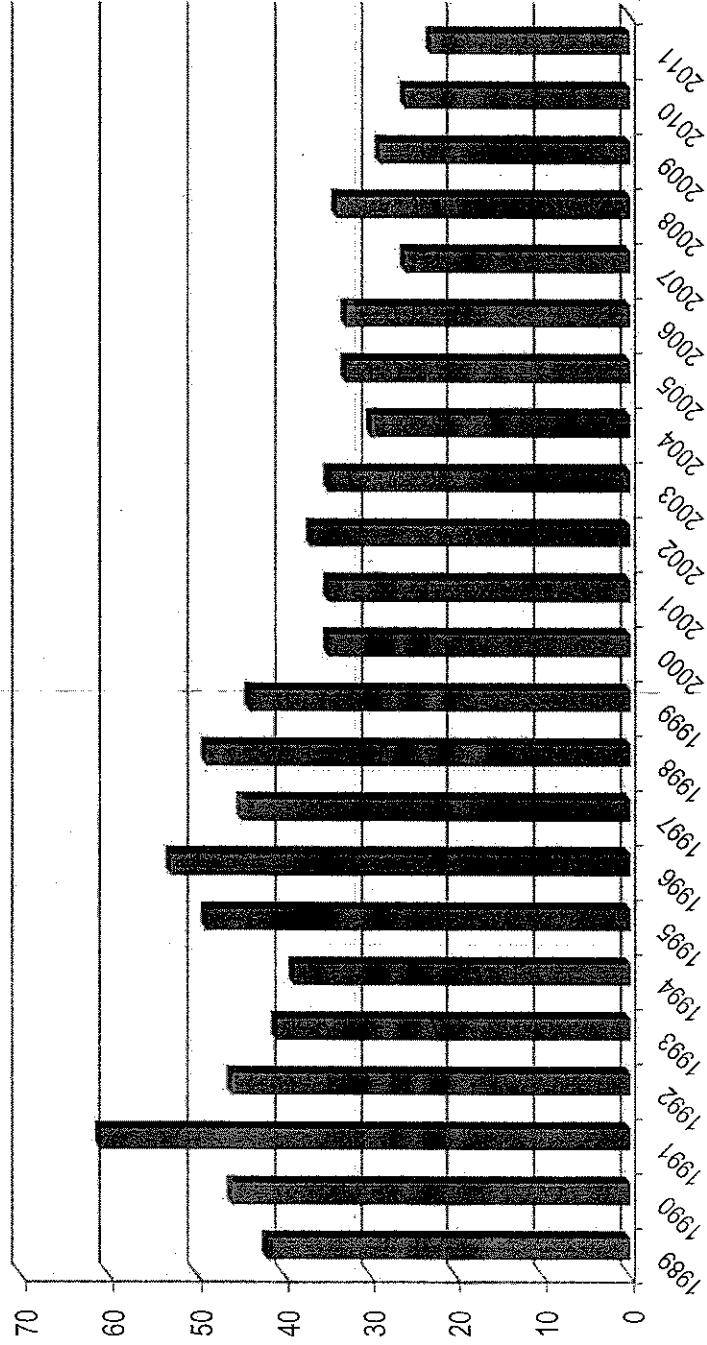
Foster Care Caseload – Los Angeles County



# Issue 1: DETENTION Strategy

## *Child Deaths 1989 - 2011*

Los Angeles County Child Homicides by  
Parents / Caretakers / Family Members



# Issue 1: DETENTION Strategy

## *Disproportionality*

Although a 6% net increase overall ....

Detentions for Children of Color represent a 10% increase.

Latino Children = Net Increase of 522 Children

	January 2012	YTD March 2013	15-Month Variance
Children of Color	29,700	30,027	+327
White and Other	5,495	5,209	-286
Total Children in Care	34,987	35,236	+249

## Issue 1: DETENTION Strategy

Since March 2012, there has been an increase in detentions by over **1000 children**.

**A 6% net increase.....the first in 12 years**



# Issue 1: DETENTION Strategy

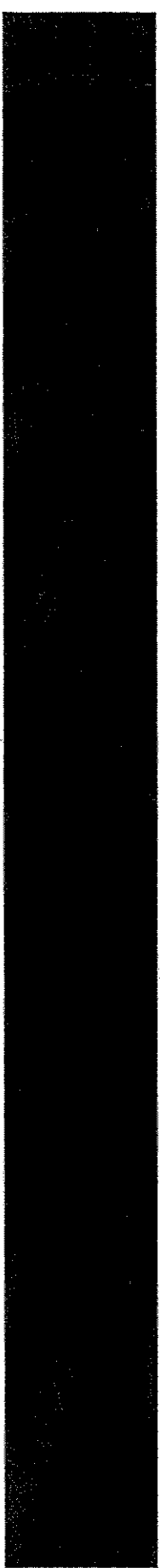
**Judge Michael Nash**  
*Presiding Judge*  
LA Juvenile Court





# **Issue 1: DETENTION Strategy**

## **A FAMILY VOICE**



# **PRESENTATION OF ISSUES**

Issue 2:

## **DISMANTLING of the Safety Net**

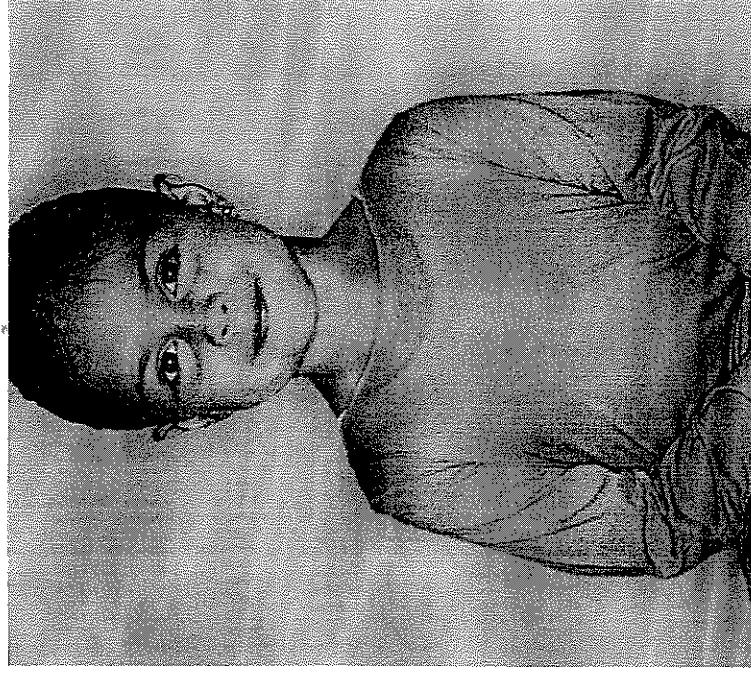
Martine Singer, *Para Los Niños*



## Issue 2: DISMANTLING The Safety Net

### POINT OF ENGAGEMENT ELIMINATED

Without any notification, POE was terminated, an approach that **saved** the Department over **\$100 million** and **reduced** the number of children in **out-of-home care by 50%**.



# Issue 2: DISMANTLING The Safety Net

## FAMILY PRESERVATION CUT BY 30%



On July 1<sup>st</sup>, Family Preservation ... the foundation of our community safety net for high risk families will be cut by **\$14,000,000.**

**Services eliminated for 1794 families and 4000 children....**

## Issue 2: DISMANTLING The Safety Net

### FAMILY PRESERVATION PROJECTED CUTS AND COSTS

- FP costs \$7805 per family annually
- Foster Care costs = \$20,000 per child annually
- 4000 children x \$20,000 = **\$80,000,000**

*This DOES NOT include the cost of any services for these children or the cost to our families and communities caused by their removal.*

# Issue 2: DISMANTLING The Safety Net

**David Green, MSW**

*Treasurer*

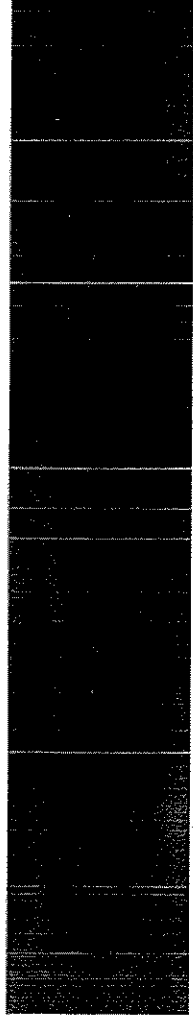
SEIU Local 721

Executive Board

&

*Los Angeles County*

*Children's Social Worker*

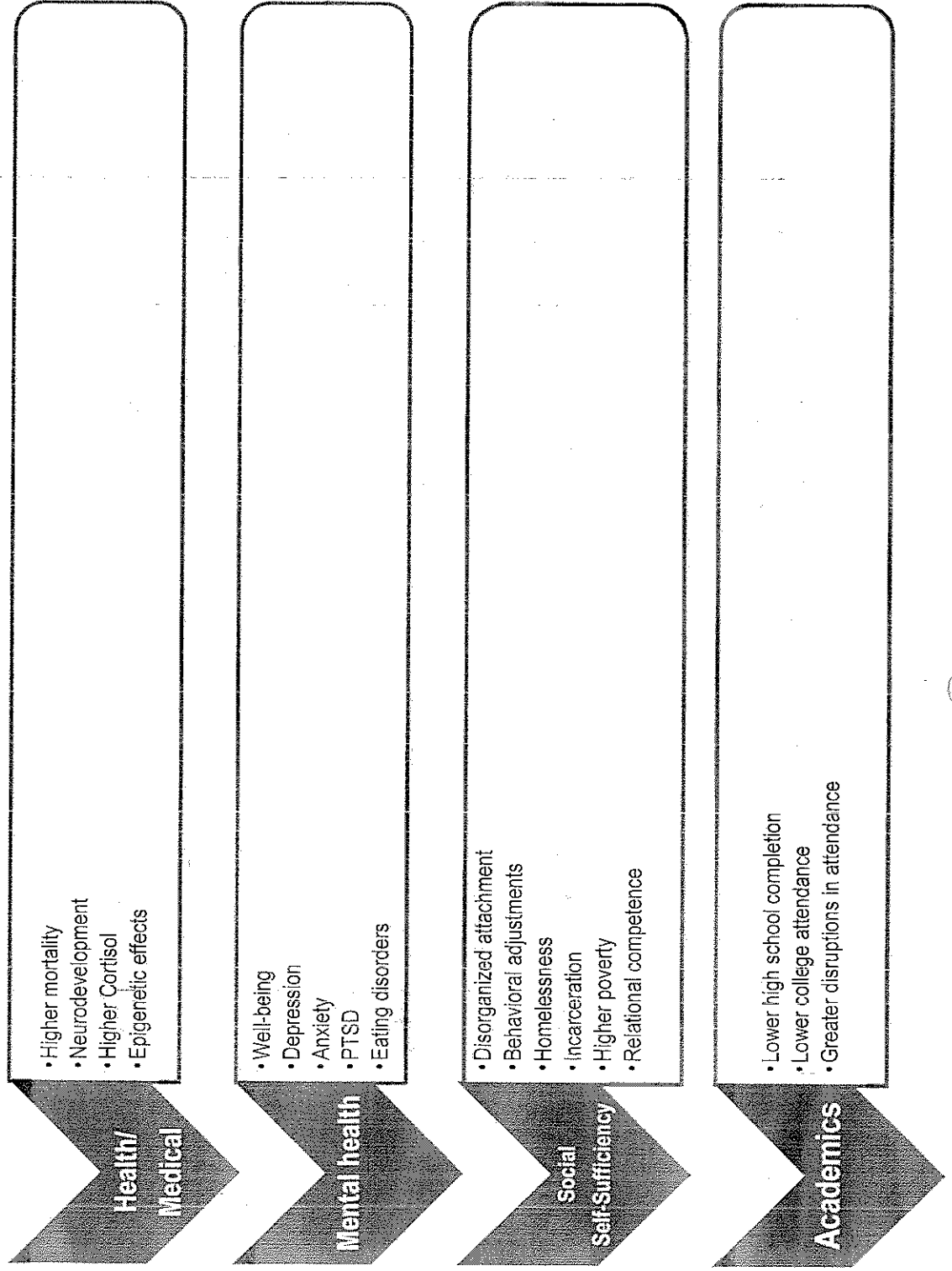


## Issue 2: DISMANTLING The Safety Net

**Cheryl Grills, Ph.D.**  
*Associate Dean*  
Loyola Marymount University  
&  
*National President*  
The Association of Black  
Psychologists



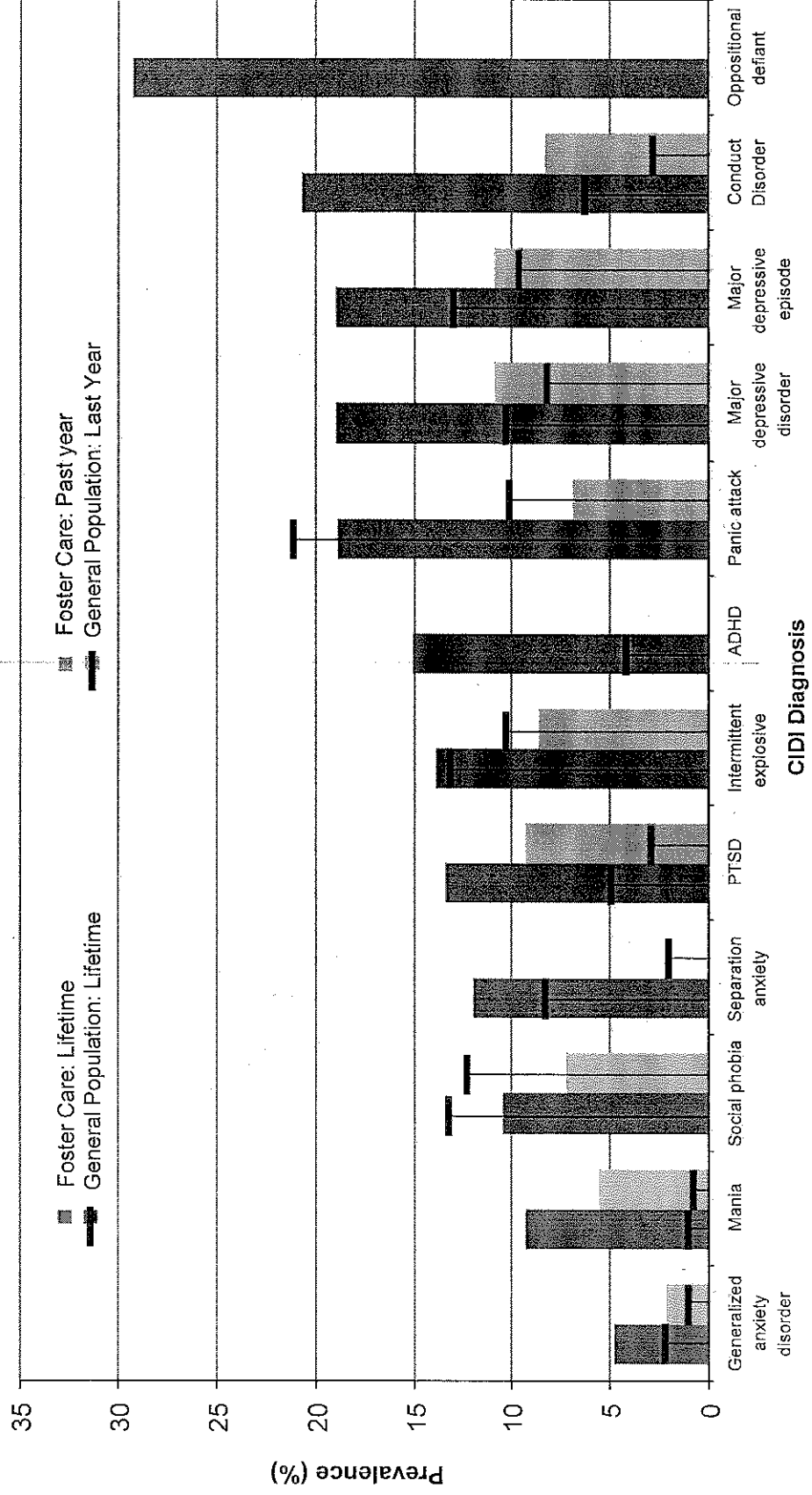
# Issue 2: DISMANTLING The Safety Net





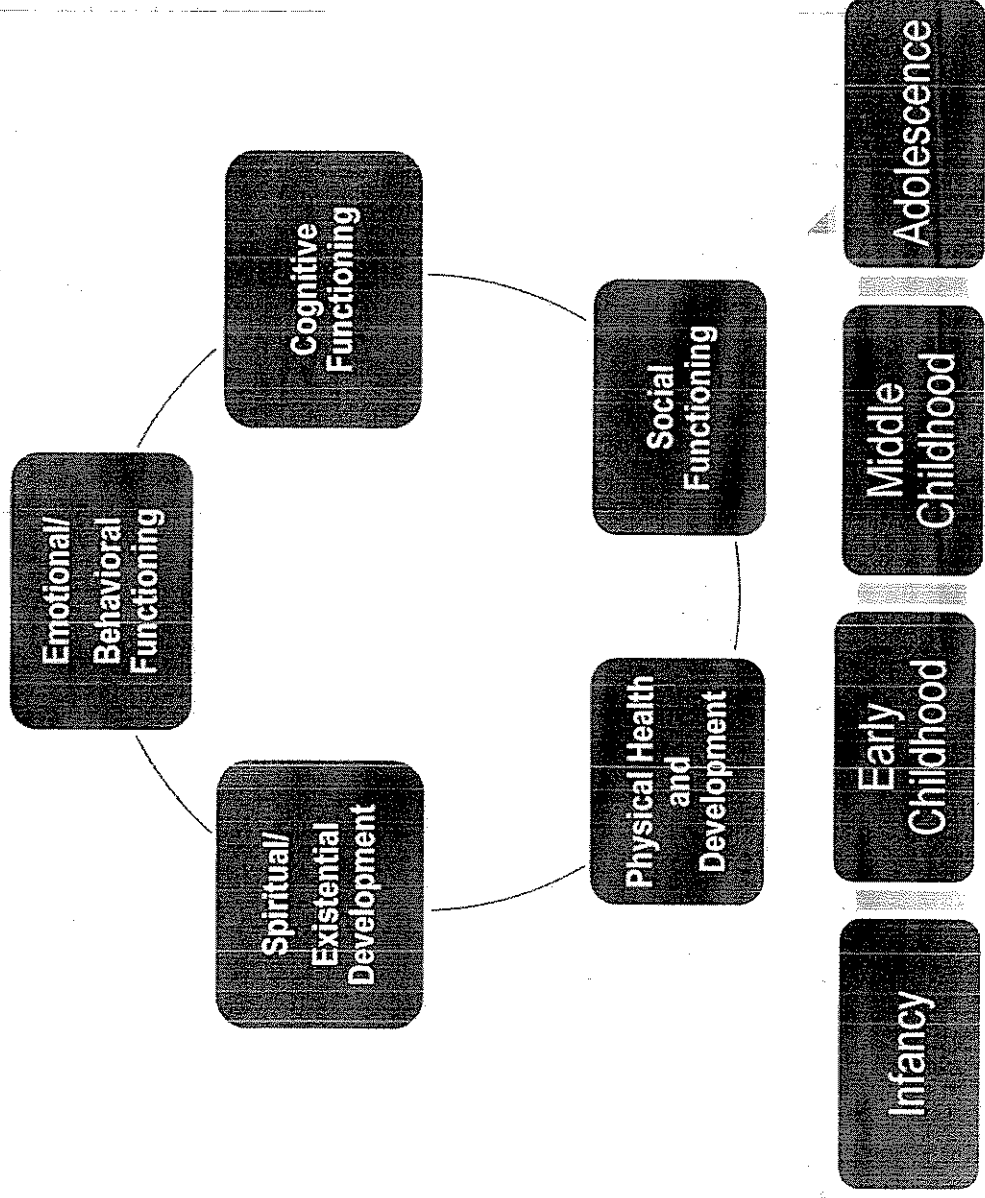
# Issue 2: DISMANTLING The Safety Net

## Mental Health Problems for Youth in Out-of-Home Care: Lifetime and Past 12 Months



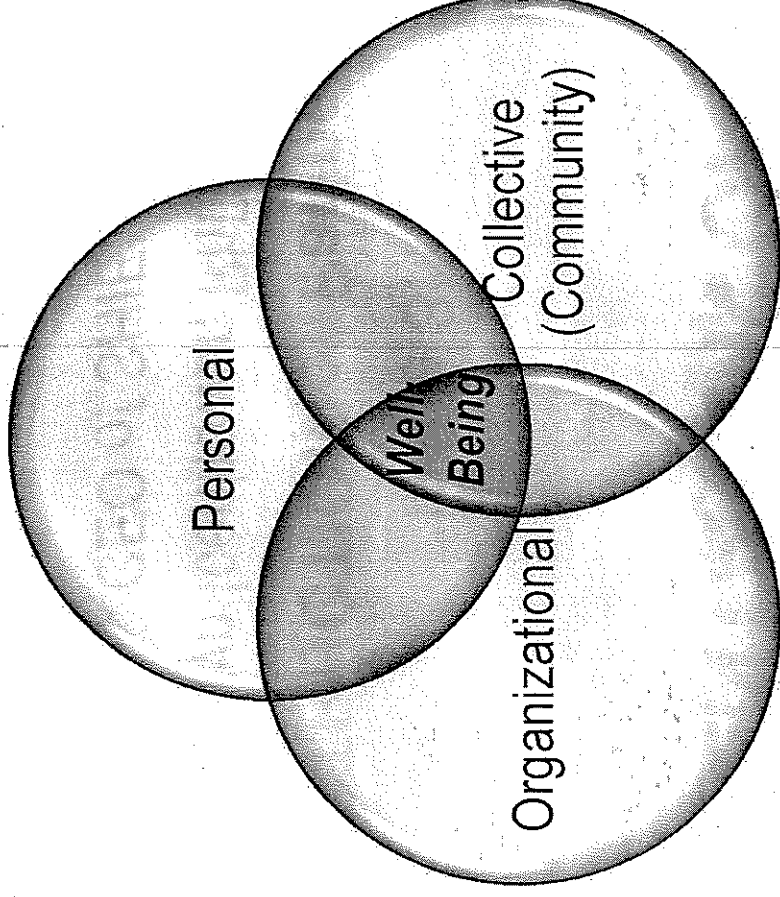
# Issue 2: DISMANTLING The Safety Net

## Dimensions of Well-Being



# Issue 2: DISMANTLING The Safety Net

## Sites of Well-Being



# PRESENTATION OF ISSUES

Issue 3:

## DESTRUCTION of Partnerships

Kathryn Icenhower, PhD, LCSW

*Co-Founder & CEO of SHIELDS for Families*



# Issue 3: DESTRUCTION of Partnerships

In the past year, partnerships have been decreased, *diminished and eliminated.*

- IUC
- Department Staff
- Families
- Community
- Agencies



# Issue 3: DESTRUCTION of Partnerships

**Proposed Elimination of UFAs**

**Up Front Assessments:**

a partnership with  
Department, Community  
and Families since 2004.

**Decreased out-of-home  
placements in Compton  
by over 50% in the first year.**

**SCHEDULED TO  
TERMINATE IN JUNE**



# Issue 3: DESTRUCTION of Partnerships

## UFA Evaluation Results:

- From July 2007 – June 2010: 9089 families/17,333 children
- 59.3% or 10,516 children **DID NOT** have a DCFS case opened .
- Of the 7,217 that had an open case, 5350 children received Family Maintenance Services in the home.
- Only 10% (1867) of the 17,333 children were removed from their homes after receiving a UFA.

# **Issue 3: DESTRUCTION of Partnerships**



## **A FAMILY VOICE**



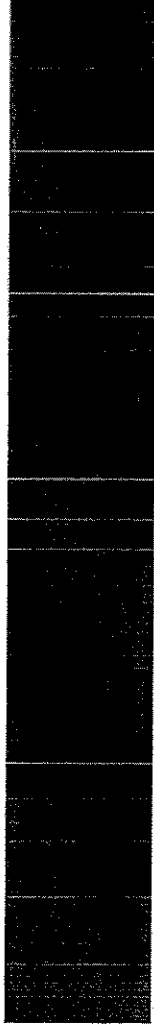
# CALL TO ACTION

**Rev. Mark Whitlock**  
*Executive Director*  
USC Cecil Murray Center  
for Civic Engagement  
&  
*Pastor*  
*Christ our Redeemer AME*  
*Church*



# CALL TO ACTION

***Reverend Cecil "Chip" Murray***  
*of F.A.M.E. Church, USC Center  
for Civic Engagement, and  
former Board member of LA  
Children's Commission*



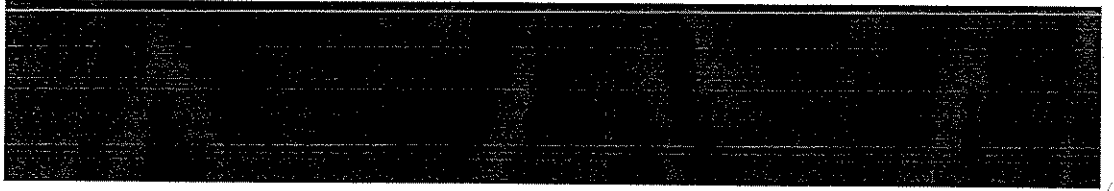
# RESPONSE



**Congressmember Karen Bass**



# PUBLIC COMMENT



# **CLOSING REMARKS**

**Dr. Matt Harris, CEO**

**Project IMPACT**

*SPA 6 Community*

*Child Welfare Coalition*







casey family programs

Safe children

*Stable families*

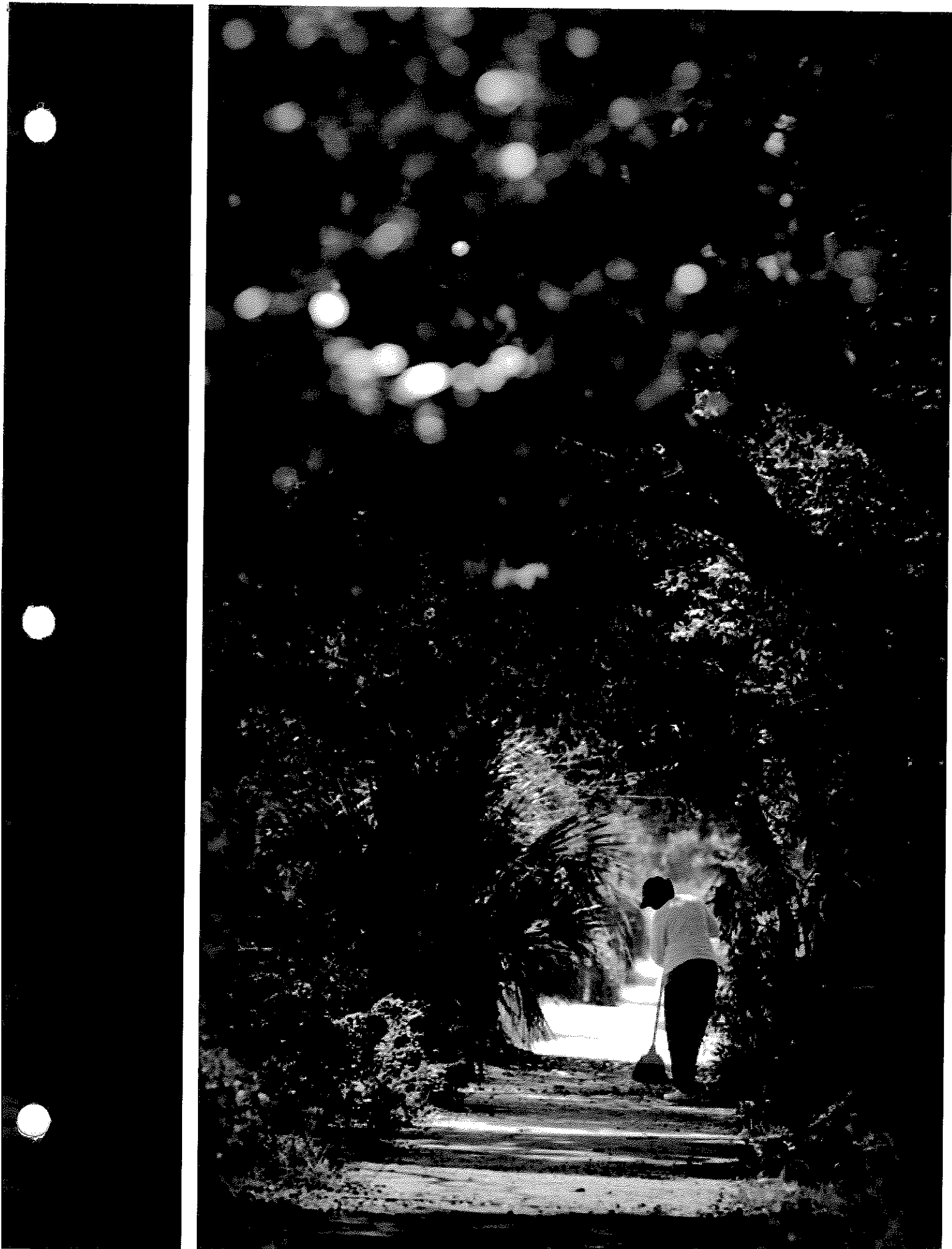
Supportive  
communities

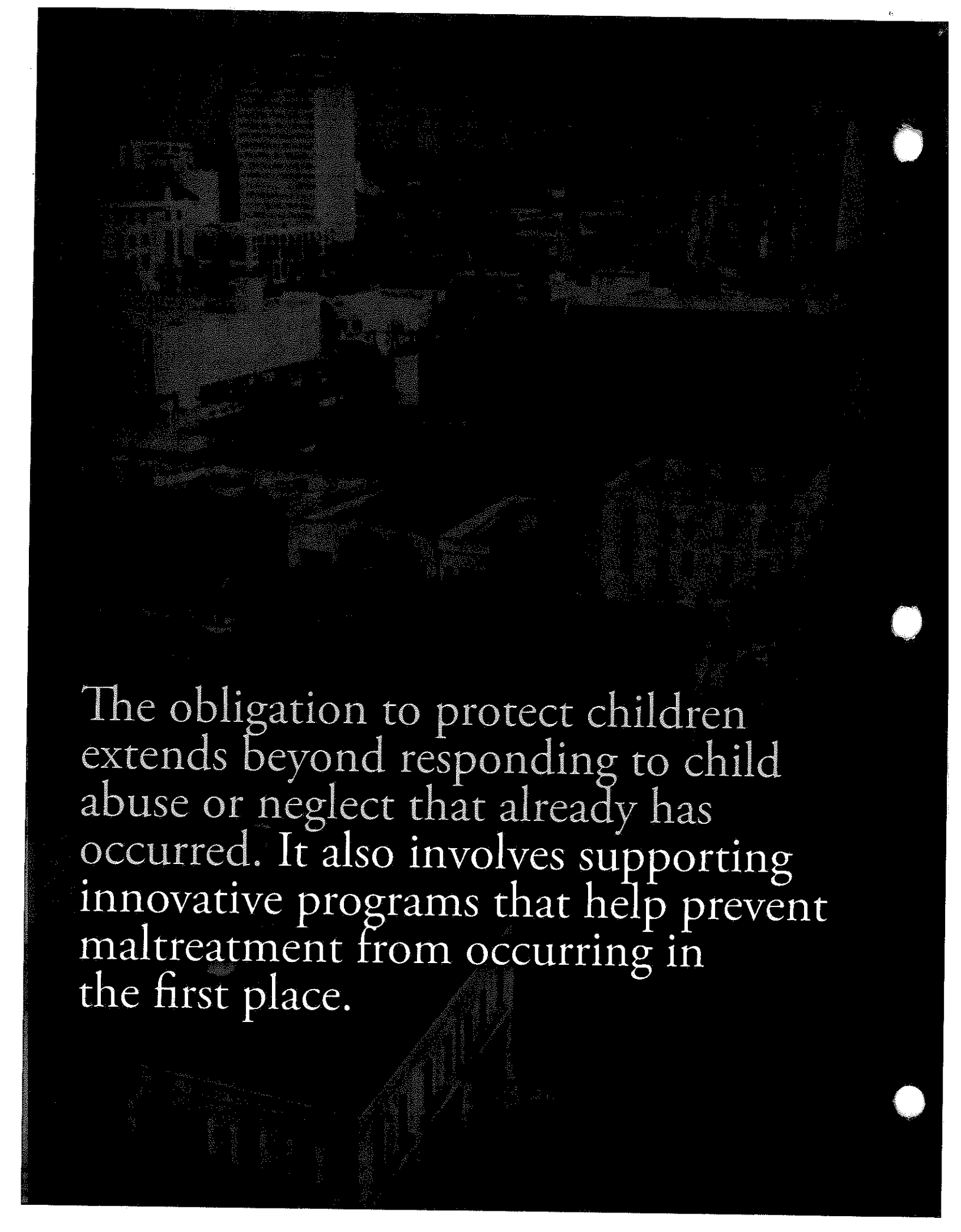
# GOING BEYOND THE VISION

A report on **child welfare in America**

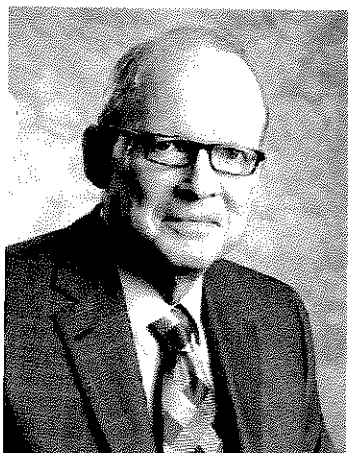
The well-being of children, families and communities intersect. To keep children safe, we must help their families and address adverse conditions in the communities where they live.







The obligation to protect children extends beyond responding to child abuse or neglect that already has occurred. It also involves supporting innovative programs that help prevent maltreatment from occurring in the first place.



Gary R. Severson  
CHAIR, BOARD OF TRUSTEES

All across America, vulnerable families are being helped. Fewer children are suffering from child abuse or neglect, and more are now members of safe, loving and permanent families.

While remaining focused on its obligation to protect children, the child welfare system is giving more attention to creating stable families and supportive communities as a means toward achieving long-term safety for children.

That shift in focus is what "Going Beyond the Vision" is all about. In this report, we examine the progress we have made, address existing challenges and contemplate the future of child welfare.

Casey Family Programs spent much of the past year exploring how child safety has been impacted as the number of children in foster care has declined. After careful review of available evidence, we have concluded that children who come to the attention of the child welfare system today are as safe, or safer, during this period of foster care reduction as when foster care was at its peak. This report's story out of Carver County, Minn., describes how a full-on effort to ensure safety in one home has kept a baby together with his parents.

For all the progress we have seen in child welfare, we remain troubled at the increasing number of older youth in foster care who age out of the system without a permanent family. Our story out of North Florida dives into these murky waters, and we emerge squarely on the side of what is right for our next generation of adults.

Child welfare has the potential to expand its reach to serve those who are at risk of entering the system but have not yet crossed that threshold. Our story out of South Los Angeles shows one way to stretch those arms and embrace a new paradigm in child welfare.

Let there be no doubt: Child protection still comes first. But the job of protecting children extends beyond responding to cases of child abuse or neglect that already have taken place. It also involves the development and implementation

of practices that prevent maltreatment before it occurs.

About 90,000 children from birth through age 3 enter foster care each year. Over the past two years, Casey Family Programs has partnered with the Institute for Learning and Brain Sciences (I-LABS) at the University of Washington and the Center on the Developing Child at Harvard University to research the brain science of young children who are removed from home and put into foster care, compared to children who are raised safely at home.

This research will shine more light on what we already know – that the development of children at an early age is key to their future ability to succeed.

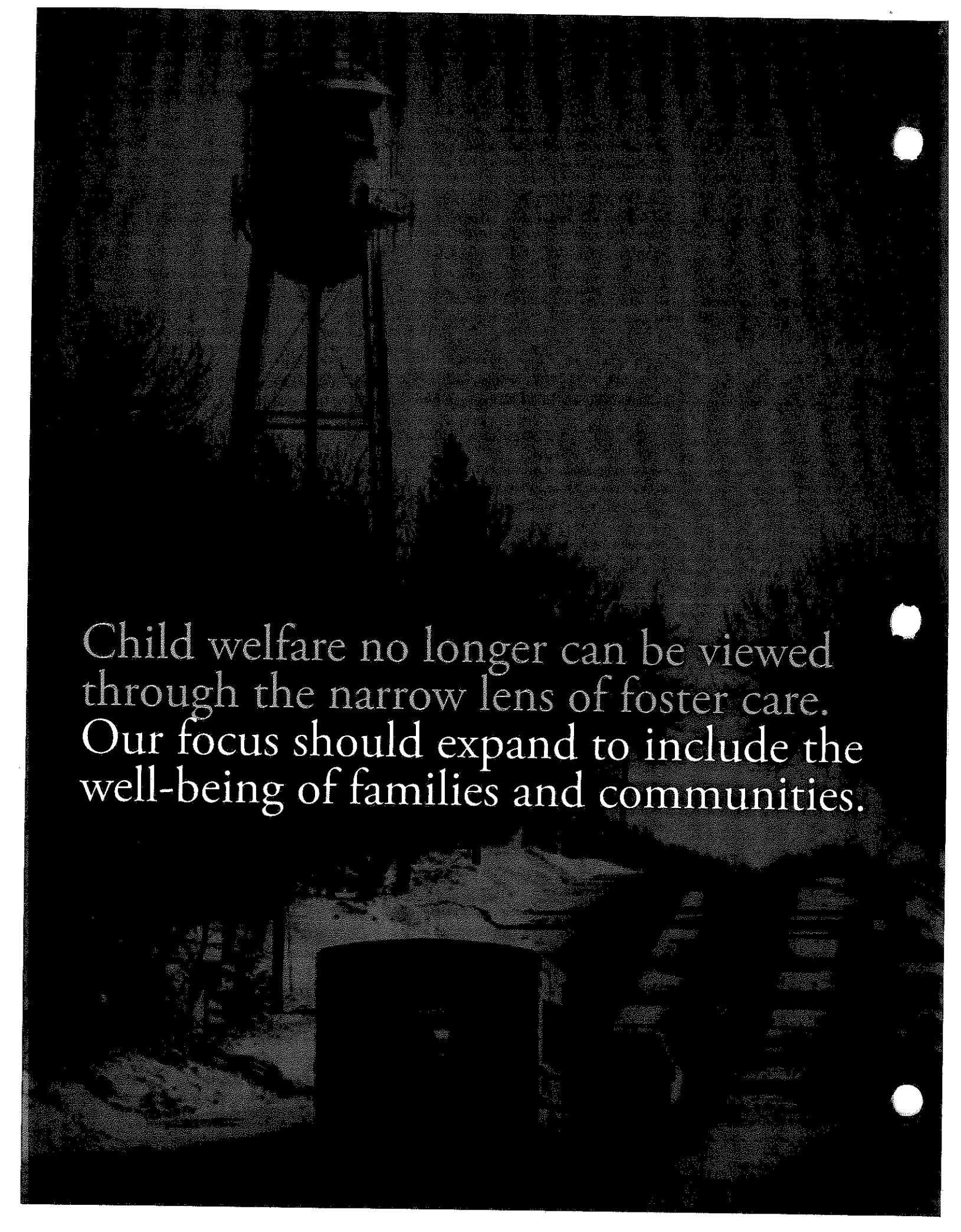
Clearly, we cannot settle for a child welfare system that simply responds after a child already has suffered the trauma of abuse or neglect, compounded by the separation from family. Instead, we must support a system that helps families and communities so that children have the stable relationships, supportive environments and loving people they need during early stages of development.

As Casey Family Programs enters our 45th year of service, we are tailoring our work to meet the changing needs of children, families and communities.

We continue to provide direct services to children and families through our field offices, gaining knowledge through on-the-ground experience and demonstrating innovative practices we can share with child welfare systems across the country. We also offer strategic consulting and technical assistance to child welfare systems so they can more successfully serve children, families and communities. Understanding that no organization can create systemic change alone, we engage community partners to advocate effectively on behalf of children and families.

You have our commitment that Casey Family Programs will be at the forefront in making sure that federal, state and local public policies address the future needs of this newly evolving child welfare system.

A handwritten signature in dark ink, appearing to read "Gary Severson".

A dark, grainy, black and white photograph of a water tower and a building at night. The water tower is on the left, and the building is on the right. The text is overlaid on the image.

Child welfare no longer can be viewed  
through the narrow lens of foster care.  
Our focus should expand to include the  
well-being of families and communities.



William C. Bell, Ph.D.  
PRESIDENT AND CEO

The time has come to fundamentally transform how we approach the issues of child abuse and neglect in this country.

Fortunately, the basis for that transformation already has taken place. Child welfare no longer is viewed through the narrow lens of foster care. We all have come to understand that every child in America – no matter the background or age – deserves a safe, loving and permanent family.

An ever-growing number of state and county agencies are emphasizing prevention as an integral part of their work. A result of these efforts is that 87,000 fewer children today are living in foster care compared to five years ago.

America's foster care system indeed is smaller, but that does not mean fewer children and families are in need of support.

According to data from the U.S. Department of Health and Human Services, approximately 262,000 children were placed in foster care in 2009. That same year more than 900,000 were identified as being at risk and requiring in-home support services.

Our challenge is: How can we reshape child welfare to respond more effectively to all of these children and families that need our help?

Casey Family Programs believes that the focus needs to be on the communities where these families live.

Going beyond the vision means that we must focus our energy and resources on improving the conditions of vulnerable families and vulnerable communities.

If communities are isolated and under-resourced, the families living in those communities most likely are not doing well, or only marginally so, and the children in those families suffer the consequences. If this nation's vulnerable children and families are to succeed and thrive, we must more consistently view children in the context of their families, view families in the context of the communities in which they live, and view any intervention in the context of a family and community support network.

It's imperative that we design strategies of intervention that take into account the interconnectedness of children, families and their communities, addressing the needs of all three.

To do that, we need to change the way the federal government funds child welfare. We must consider changing our policies around child welfare financing so that our precious child welfare dollars are supporting the kinds of innovative practices that produce the most positive results for children, families and communities – giving each a fair chance at success.

Getting to that place won't be easy, but neither was getting to where we rely less on foster care to raise our children. And yet we have arrived, together, through the hard work and commitment of child welfare systems, the courts, community partners, families and other stakeholders across America.

For that, all of us at Casey Family Programs are grateful. But our work is not done until all children are safe, all families are stable and all communities are supportive.

*William C Bell*

Children in America can be safe if we rely less on foster care and invest more in the types of innovative child welfare strategies that reduce the risks of abuse or neglect.





## *All for Brennan:* A community of caring people bands together with a family to put a baby's safety first

A knock at the apartment door disturbed an otherwise peaceful day. Expecting no visitors, Sarah Baillif opened the door anyway. The woman on the other side identified herself as a social worker from the Carver County, Minn., child welfare system. She said she was there to help.

On impulse, Baillif placed her hand gently on her swollen tummy. She was seven months pregnant.

Five years earlier, a different Minnesota county had removed her and her husband's first child from their care after discovering that the little boy had serious bodily injuries consistent with physical abuse. To resolve the case, the Baillifs agreed to surrender parental rights to their son permanently.

"No, we are not going to go through this again," Baillif told the worker before slamming the door in her face. The worker slipped her business card under the door, hoping the couple would see fit to call her. After a moment to catch her breath, Baillif grabbed the phone to call her husband, Brian, at work.

The young couple had believed they were permitted legally to raise another child someday without

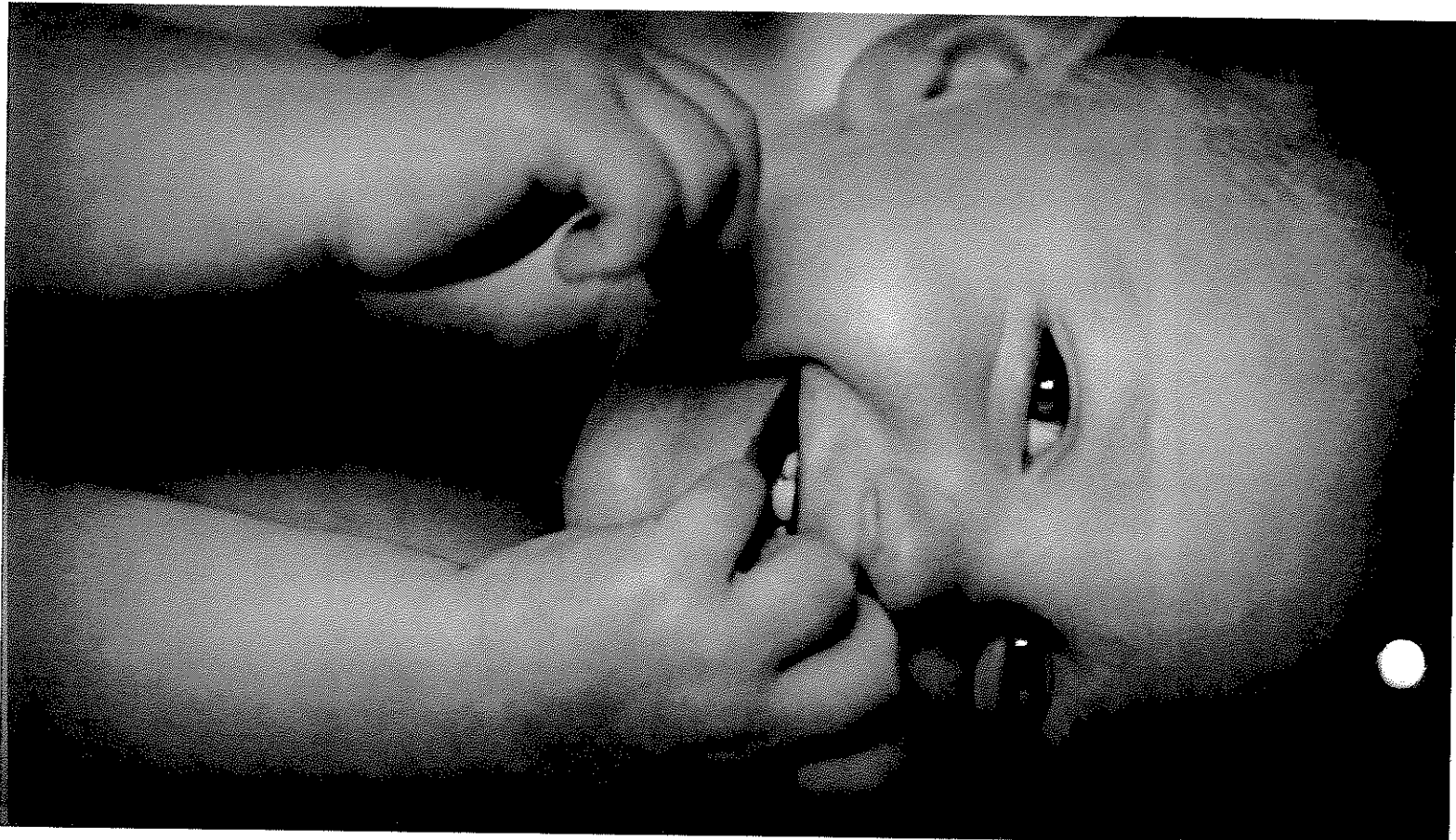
interference. But they were mistaken. Now in a panic, they figured they had two options. They could pack up their things and go on the run in a desperate attempt to keep their baby. Or they could call the social worker, Sarah Manthei, and find out if she meant what she said. If they ran, they'd be in a constant state of wandering and wondering.

"There was no avoiding it," Sarah Baillif said. "Not calling only would have made matters worse."

Manthei meant what she said. Her goal was not to remove the baby from his parents, but rather to keep the family together – as long as the Baillifs could demonstrate that they would be able to keep their child safe.

In the past, the Baillifs never would have been given a chance to keep their second child because of what happened to their first. Child protective services would have taken baby Brennan from the Baillifs at the hospital and placed him immediately into foster care.

In this case, though, Brennan never entered foster care. He didn't need to.





Since the day Brennan was born, Sarah and Brian Baillif have been raising their son in the bucolic town of Waconia, 35 miles southwest of Minneapolis, in the same apartment where Manthei showed up that day.

The Baillifs are together as a strong family that celebrated Brennan's first birthday last December. Through the efforts of the child welfare system and the court system working in tandem with the family, Brennan has a solid network of people surrounding him to advocate on his behalf.

Brennan is supported. Brennan is loved.

And Brennan is safe.

\* \* \*

Keeping children safe from child abuse and neglect remains the primary mandate and principal concern of child welfare systems across the United States. As systems place fewer children into foster care and – as an alternative – provide more in-home services to at-risk families, questions have been raised as to whether children are as safe today as they were when foster care caseloads were at their peak.

A new Casey Family Programs white paper on child safety examines evidence and concludes that the number of children in foster care can be reduced without affecting the overall safety of children. In fact, there is reason to believe that by reinvesting the money saved from

lower foster care caseloads into innovative child welfare practices and community services, the potential exists for children in America to be safer – and families more stable – than ever before.

In Carver County and other communities across America, child welfare systems no longer pigeonhole parents who are vulnerable or have pasts that denote risk. Instead of expecting those families to fail, systems are working with them to improve their chances for success.

When risks of abuse or neglect exist in a home but no imminent danger is present, child welfare systems are joining forces with communities to help vulnerable families so that the children can remain safe at home. This is the best way to serve children and their families, and the communities where they live. Research shows that children who have been removed from their families and placed into foster care fare much worse than their peers – both as children and as adults – in the areas of education, employment and mental health.

Understanding what is best for the children, families and community it serves, the child welfare system in Carver County has implemented a highly structured practice that gives parents an opportunity to demonstrate they can keep their children safe, thus making child removal the last resort.

"What would the Baillifs have done if we automatically terminated parental rights and put Brennan into foster

Instead of waiting for vulnerable families to fail, child welfare systems are working proactively with parents so that they can raise their children safely and successfully.

# Caseworkers are making more informed assessments on whether a child can remain safe at home. This has reduced unnecessary child removals.

care?" asked Dan Koziolk, child and family manager of Carver County Community Social Services. "Would they subsequently have moved to another state where they wouldn't have been detected and had another baby?"

"Sure, we could have patted ourselves on the back for removing Brennan, but these parents are young enough – and have enough of a desire to raise a family – that they conceivably could have a dozen more kids. We would have isolated this family and the parents would have lost their support network that ultimately is going to help them keep their children safe."

. . .

For the Baillifs to keep Brennan legally, the Carver County child welfare system had to file a court petition stating a compelling reason for not terminating their parental rights. In order for the system to have faith in the Baillifs, the couple needed to demonstrate to Carver County that their baby could remain safe in their care.

There were reasons to think the Baillifs, still in their 20s, could keep their baby safe this time around. Married for seven years, they were more mature than they were five years ago as individuals and as a couple. Both now have stable jobs – Sarah as a manager at a sandwich shop and Brian as an assistant manager at a gas station. And this pregnancy was planned, where the previous one was not.

To evaluate the Baillifs' ability to protect Brennan, Carver County used Signs of Safety, an assessment tool developed in Australia and one of several effective

practices used across the United States that help caseworkers determine whether child removal is necessary.

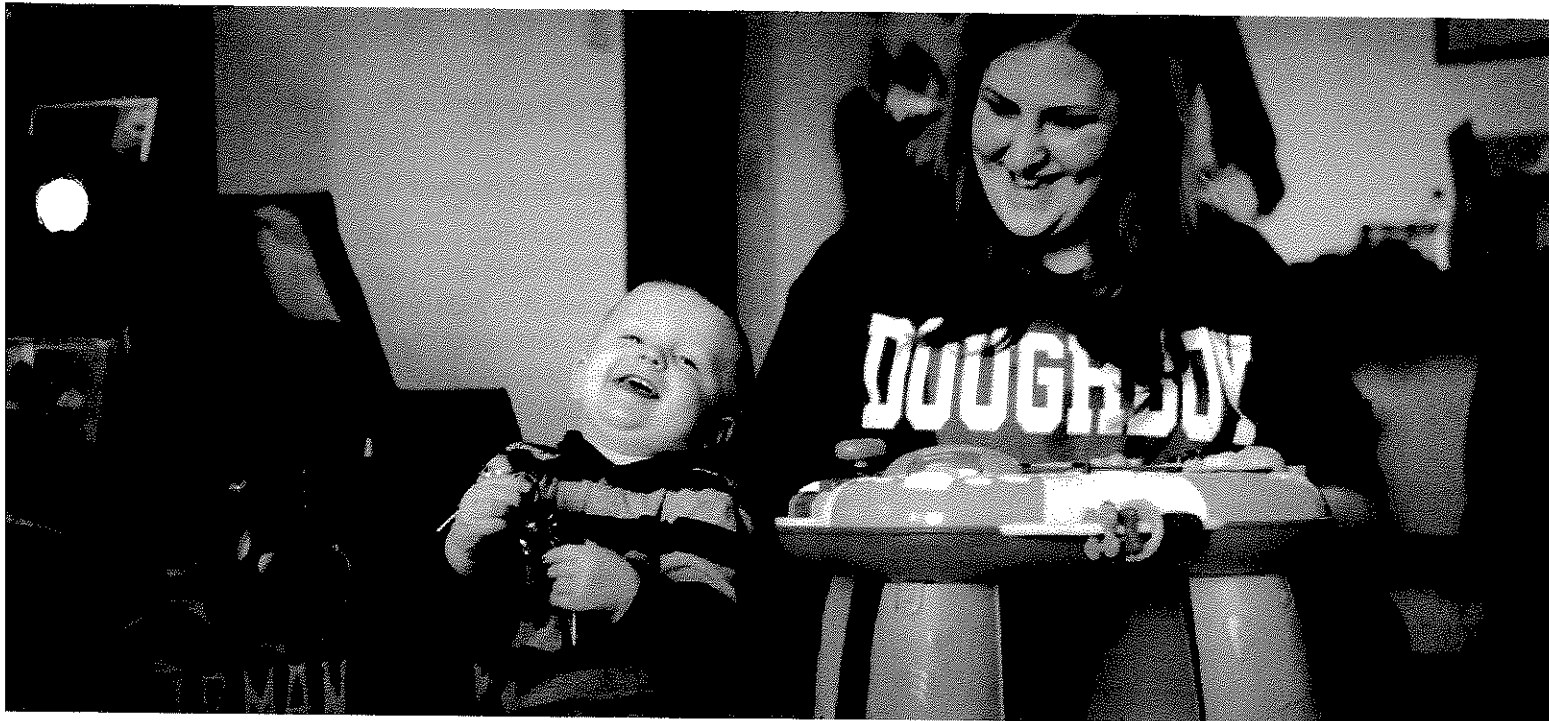
Since implementing Signs of Safety, the number of children in foster care in Carver County has dropped to a level comparable to 1993 – a time when the county's child population was half of what it is today. At the same time foster care placements have gone down, fewer repeat cases are coming back into the system – an indication that the children remaining at home are staying safe.

Under the requirements of Signs of Safety, the Baillifs assembled a "safety network" – a group of friends, family, neighbors and co-workers committed to the safety of their baby. Two weeks after Manthei first sat down with the Baillifs, she showed up at their apartment to meet the couple's safety network. Eleven people were sitting in the Baillifs' living room when Manthei arrived with pizza and sodas. She was impressed.

After Brennan was born, the safety network expanded to include someone from his day-care center who is mandated by law to report any evidence of child maltreatment. Like other members of the safety network, her focus was Brennan's safety, not Sarah and Brian's desire to raise him.

"One of the many benefits of establishing a safety network is that those people are going to be around for that child long after we have closed our case," Koziolk said.

As part of Signs of Safety, the Baillifs and the safety network crafted a blunt statement expressing the specific safety concerns for Brennan. As part of that process,



the Baillifs had to divulge their past to members of the safety network, not all of whom knew the details of what happened to their first child. The Baillifs learned who their true friends are, and they made new close friends as a result.

"No one wants to hear that about your life," Sarah Baillif said. "But it helped remind us what the focus was."

Carver County also set strict guidelines that the couple was required to follow after Brennan was born. One slip, and the county would not hesitate in removing Brennan from the home.

"There was a tremendous amount of hands-on supervision of the parents to make sure the child was safe," said Carver County District Court Judge Kevin Eide, who presided over the case. "The Baillifs were very cooperative with Carver County. More than once, they expressed the knowledge that in some other places – and perhaps even five years earlier in Carver County – they would have lost this child, too. They were grateful to be given this chance."

For the first week after Brennan was born, a member of the safety network stayed in the home around the clock. For the next couple of months, safety network members had to check up on the family in person at least two or three times a day. During that time, it was common for a safety network member to be in the home six hours a day. A public health nurse also regularly visited the family.

For months after Brennan was born, Brian was not allowed to be alone with his son – even when Sarah was showering or walking the dog.

"It was like I was a single mother, living with my husband," Sarah Baillif recalled.

Also as part of Signs of Safety, the couple took part in a structured role play in which a parent hurt a child. Sarah and Brian were forced to view the situation through the eyes of the opposite spouse and of the young sibling.

"It was like a Lifetime movie," Brian Baillif said. He played the role of the father comforting the brother, who was hiding under a bed. Manthei and others observed the role play to see if Brian would display empathy for the scared child. He did.

• • •

The Baillif case is now closed – although Brennan's safety network is still in place, strong as ever.

"It's nice that we haven't had to do all of this on our own," Sarah Baillif said.

The Baillifs said being able to raise Brennan at home while the county assessed their ability to keep him safe has made a huge difference in Brennan's life.

If he had been in foster care during that time, "there would not have been the bonding that we have now," Brian Baillif said.

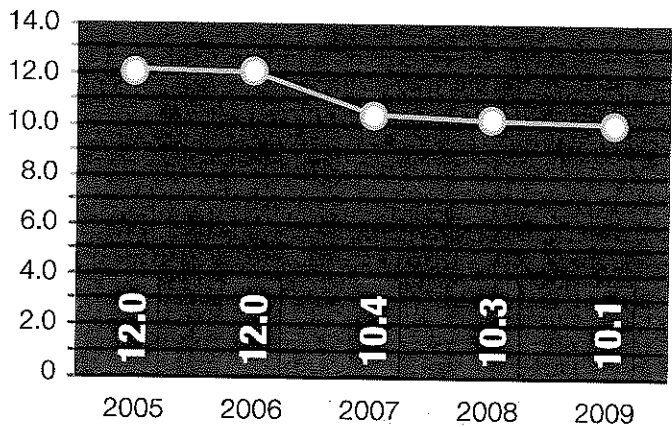
"Having Brennan stay with us helped remind us of our goals," Sarah Baillif added. "We did this for one purpose. We did this all for Brennan."

# Safety first

## Child abuse and neglect

The rate of confirmed cases of child abuse or neglect continues to decrease in the United States. The rate peaked in 1993 at 15.3 per thousand children. The number of child abuse and neglect incidences decreased from 900,642 in 2005 to 762,940 in 2009, a reduction of 15.3 percent.

*Child abuse and neglect rate*  
per thousand children

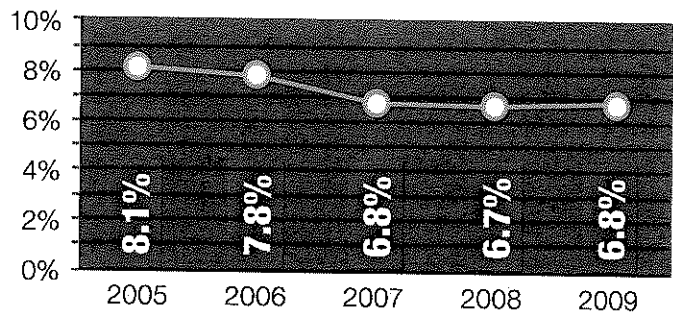


## Repeat maltreatment

One way to measure child safety is to track repeat maltreatment, which the federal government defines as a confirmed report of child maltreatment that occurs within six months of a previous confirmed report for the same child. Nationally, the repeat maltreatment rate has declined since 2005.

*Repeat maltreatment*

% of children who experience subsequent maltreatment within six months



Source: Children's Bureau, U.S. Department of Health and Human Services.

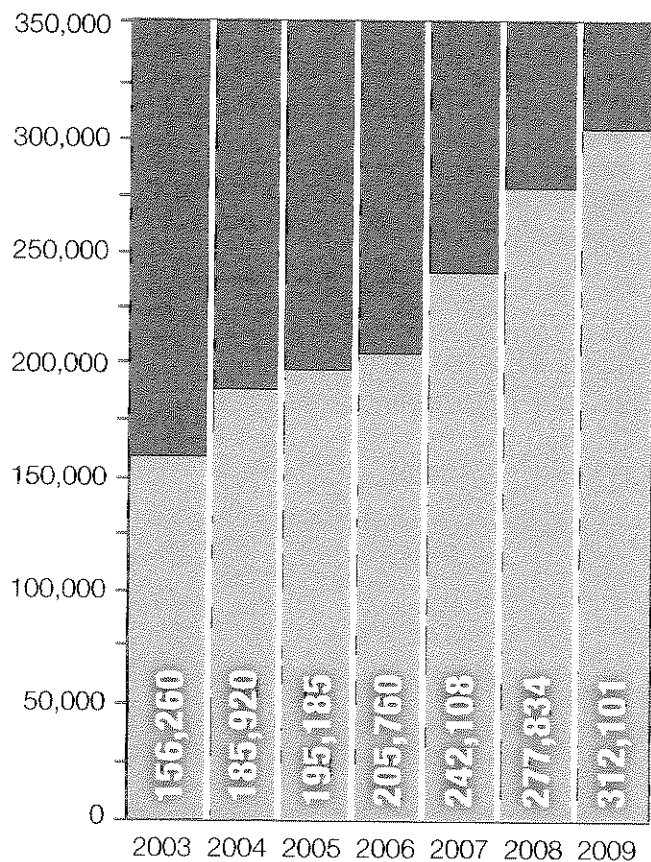
## Improving safety by *helping families*

Rather than removing children from their families at the first sign of trouble, child welfare systems are focusing on keeping children safe at home and keeping families together.

For example, an increasing number of systems are using the practice of alternative response to help low-risk and moderate-risk families in which children face no immediate safety risks. In the past, these families often would have been investigated but then had their cases closed without being offered services.

With alternative response, however, these families may volunteer to receive community services to address any chronic or escalating stresses in the home, giving parents access to the tools they need to raise their children safely and successfully.

Number of children nationally whose families have received *alternative response*



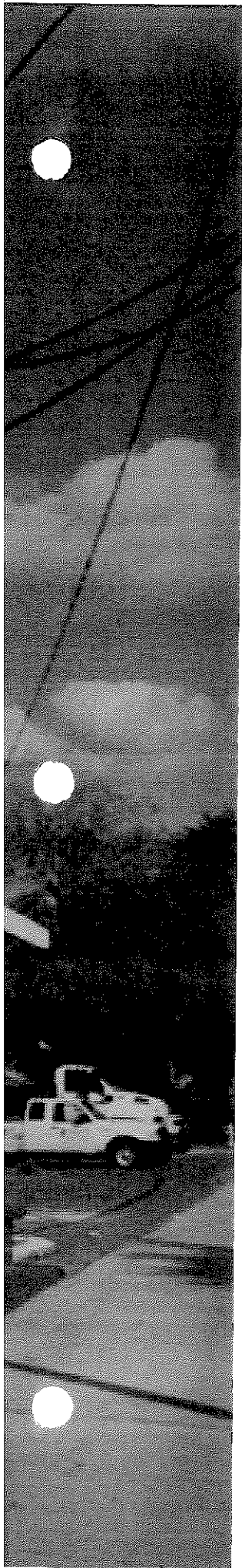
Source: Children's Bureau, U.S. Department of Health and Human Services, as reported at the 2010 National Child Welfare Data and Technology Conference.





At the same time foster care caseloads are decreasing, an increasing number of older youth in foster care are aging out of the system without having secured a permanent family. This trend is unacceptable.









## *Desiree's Desire:* A teenager's deep-down yearning for a permanent family rises to the surface

With enough scuba gear attached to her back to nearly outweigh her slender frame, 17-year-old Desiree Lewis explored the natural wonders of the underwater theater off Key Largo, Fla., mindful of the number one rule of diving.

Never venture out alone.

"Trust your buddy and your equipment," said Desiree, recalling the lessons she learned. "If you are in the dark under water, you don't want your buddy to leave you. If you get tangled up or something, you're going to need your buddy to help you out because if you try to untangle yourself, you get all messed up."

Desiree's dive was the culmination of a scuba certification program designed to help older youth in foster care develop the self-confidence they need – and often lack. It teaches them not only about life below water, but also above it. When dropped into choppy seas, support from others is necessary to stay safe and be successful.

Six older youth in foster care completed the program last year through Family Support Services of North Florida, a nonprofit agency that provides child welfare services in

the Jacksonville area through a contract with the state of Florida. The program is made possible through a Title IV-E waiver, which has given Florida more flexibility to spend federal child welfare dollars on services other than foster care – such as those aimed at preventing child maltreatment and moving older youth in foster care into permanent homes.

Older youth in foster care need the same things as infants, toddlers and adolescents in the system – safe and loving families that will support them now and into adulthood. They need the stability and security of a permanent family. But they also need programs and approaches recognizing that older youth in foster care face different challenges.

Despite an increase in the number of adoptions over the past decade, youth between the ages of 11 and 17 account for only 17 percent of all adoptions while comprising more than 35 percent of those waiting to be adopted, according to the U.S. Department of Health and Human Services.

Even as progress has been made to reduce the overall number of children in foster care, the number of youth aging out of the system without having secured a



# The age-old need to feel safe, stable and loved inspires efforts to find permanent families for older youth in foster care.

permanent family has increased from 17,000 in 1998 to close to 30,000 in 2010. If that trend holds, more than 400,000 young people could age out of foster care over the next 10 years.

Casey Family Programs joins child welfare professionals, leaders, judges, lawyers and advocates across the country in declaring this trend unacceptable. Youth never should be allowed to age out of foster care without a sincere effort having been made to secure them a permanent family.

Child welfare systems can follow the lead of North Florida by adopting innovative practices and policies that encourage family reunifications, adoptions and legal guardianships so that older youth in foster care can have the permanent families they need to become successful adults.

Another innovation helping older youth secure permanent families is a process called permanency roundtables. During permanency roundtables, caseworkers, outside experts, youth and their families come together to scour case records and brainstorm ideas for achieving permanency for children who have spent years in foster care. Casey Family Programs is playing a leadership role in spreading this effective practice to public and tribal child welfare agencies across the country.

One reason that permanency roundtables work so well is that youth have a say in their own futures. Older youth typically resist the idea of permanency, at least at first.

One way to overcome that obstacle is to let youth realize for themselves the benefits of having a family that they can trust and rely upon for all time.

"I try to challenge the youth to investigate the issues and discover the answers for themselves," said Judge David Gooding, who heads the Duval County Dependency Model Court in Jacksonville. "I'm definitely not going to harangue young people into accepting permanency, but I want to make sure they consider all the evidence and figure out what is best for them."

Even when older youth have all the facts, their tough exteriors can be difficult to crack. Their expressions of "I don't need anybody but myself" often are rooted in the fear of rejection. The idea of trusting another is difficult when trust has been betrayed previously in their lives.

"If you can't trust your own birth mom, it kind of leaves you wondering who else you can trust," said Desiree, who first entered foster care four days shy of her 12th birthday.

. . .

Staring down her 18th birthday, Desiree was living with her younger brother Tracy in a loving foster home in Jacksonville, resigned to becoming one among the statistics of older youth to age out of foster care. But the child welfare system in North Florida had another idea – one that would allow her and Tracy to remain with the foster mother they had grown to call "Grandma," and become part of her permanent family.

Calling to the table those who were interested in the welfare of Desiree and Tracy, the system took another hard look at their cases and pursued the option of adoption by their foster mother. At first, foster mother Margaret Russ was reluctant. She had adopted a child in her care once before, but it ended badly. She had needed the system's support to make the adoption a success, yet felt abandoned by it. She did not want such a heart-wrenching experience repeated.

Having learned from its mistakes, the system assured Russ that this time around it would help provide the emotional, financial and logistical support she needed to continue to raise Desiree and Tracy successfully. But Desiree was cool to the idea of her own adoption, and became convinced only after realizing that it would be best for Tracy, who was 13 at the time.

"Even before we adopted them, we had a tendency to consider ourselves a family," said Russ, who has 18 grandchildren. "I never have liked using the term foster home. These are my kids."

Russ adopted the siblings two months before Desiree turned 18. The formalization of the relationship is not lost on Desiree.

"When you are in a real family, instead of being a foster child, it's a big difference," said Desiree, who recalled instances when her caseworker would show up at her school and her classmates would ask who she was. "I'd try to throw them off. I don't have to do that anymore. I don't have a label on me – we don't have a label on us – anymore."

Desiree and Tracy do, however, have a new legal last name: Russ.

• • •

Desiree, who is very shy, is gaining more poise through the nurturing advice of her adoptive mother.

"I will see her at times kind of let people walk all over her," Russ said. "I try to tell her it's all right to be nice and it's all right to be sweet, but by the same token you've got to be kind of strong because people will take your kindness for weakness."

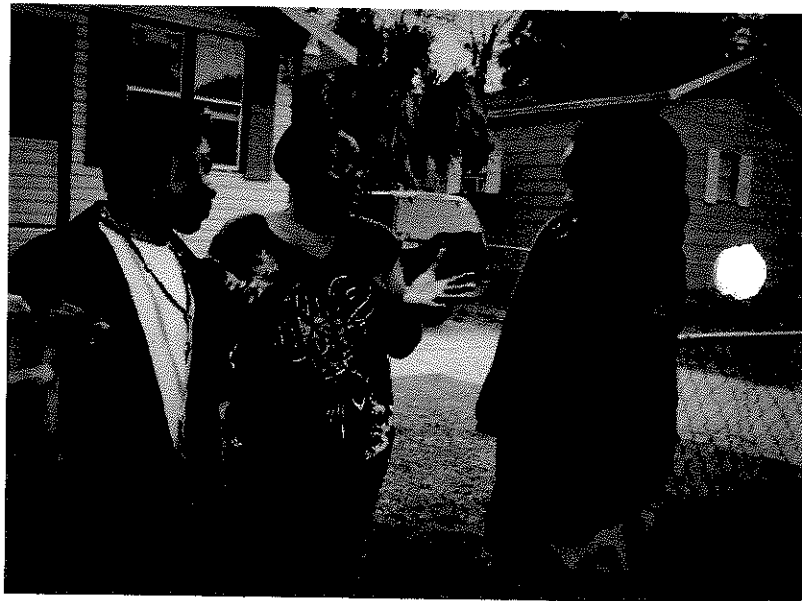
The scuba certification program also did wonders at giving Desiree a newfound confidence in herself and trust in others. Keeping her buddy close, Desiree felt relaxed on her inaugural scuba dive off Key Largo, even as she experienced great depths. The feelings surprised her. After all, this was a young woman who screamed whenever her foster family went fishing and their catch

wriggled on the hook. Now she was swimming among fish as big as her head.

Without the funding flexibility provided through the Title IV-E waiver, the scuba training program – and several other innovative child welfare services in North Florida – might never have happened. Florida is one of five states with a waiver.

"Agencies should have discretion on how to spend their funds to improve the well-being of the child," said Nancy Dreicer, northeast regional director for the Florida Department of Children and Families. "With the waiver, we have been able to use our resources in the right places and in the right way."

Through a major redesign of its child welfare system – led by Dreicer and carried out by Jim Adams, chief executive officer of Family Support Services of North Florida –



the number of children in foster care in Jacksonville's home county of Duval has gone from nearly 1,800 in 2005 to 825 in 2009 – a 54 percent reduction. As a result, the amount of money Family Support Services of North Florida spends per day on foster care beds has decreased from about \$23,000 in January 2008 to about \$13,000 in January 2011.

Adams said his agency has been able to reinvest some of the money saved into services that help secure permanency for older youth, such as the scuba training program.

"I consider self-esteem building and giving youth a sense of normalcy as necessary services," he said.

Through the support of Casey Family Programs, the practice of permanency roundtables has spread to North Florida. By the end of 2011, public or tribal child welfare systems in 34 states are expected to hold roundtables, which can be tailored to meet the unique characteristics of a jurisdiction.

For American Indian tribes, for example, the focus is on family reunifications and guardianships as opposed to adoptions because tribal courts are reluctant to terminate parental rights.

"We never want to take away the opportunity of families to be able to change their lives and get back on the right road again," said James Trosper, director of the Northern Arapaho Department of Family Services in Wyoming.

Casey Family Programs recently evaluated a permanency roundtables project in Georgia that began in 2009 to help

The state of Idaho, for example, has not provided financial assistance to relatives who serve as foster parents and step up to become legal guardians. The state, however, does provide room and board reimbursement if they remain licensed foster parents, thereby creating a disincentive to become legal guardians.

Through its Idaho Field Office, Casey Family Programs is demonstrating the value and cost-effectiveness of having licensed relative foster parents become legal guardians. Under a guardianship assistance project developed by the field office, licensed relative foster parents who become legal guardians may receive financial assistance for up to two years in the same amount they were receiving as licensed foster parents, thereby eliminating the financial disincentive to become the youth's legal guardian. They also continue to receive case management services for up to two years, or until the child turns 18.

The program is for youth ages 11 to 18, whose cases are managed by the Idaho Field Office. As a result of the program, several youth have achieved legal permanency with relatives.

"Foster families often articulate that they believe in the values of permanency but do not want to go at it alone," said Jane Morse, supervisor of child welfare services for the Idaho Field Office.

A thorough evaluation of the program is under way, but the belief is that the state of Idaho can save money by providing financial assistance to licensed relative foster parents who become legal guardians compared to what it spends to maintain those youth in foster care.

This year, the Idaho Department of Health and Welfare is planning to implement its own version of a guardianship assistance program for licensed relative foster parents, aimed at youth in foster care who are age 14 and older.

Achieving permanency for older youth can be challenging – but it is possible.

Before ultimately embracing the idea of being adopted, 18-year-old Aiden Eska'takii said he worried about becoming a financial burden to his loving foster parents who were stepping up to adopt him. But Aiden, whose case was managed through the Idaho Field Office, also came to understand the many benefits of having a permanent family. His adoption was finalized last September.

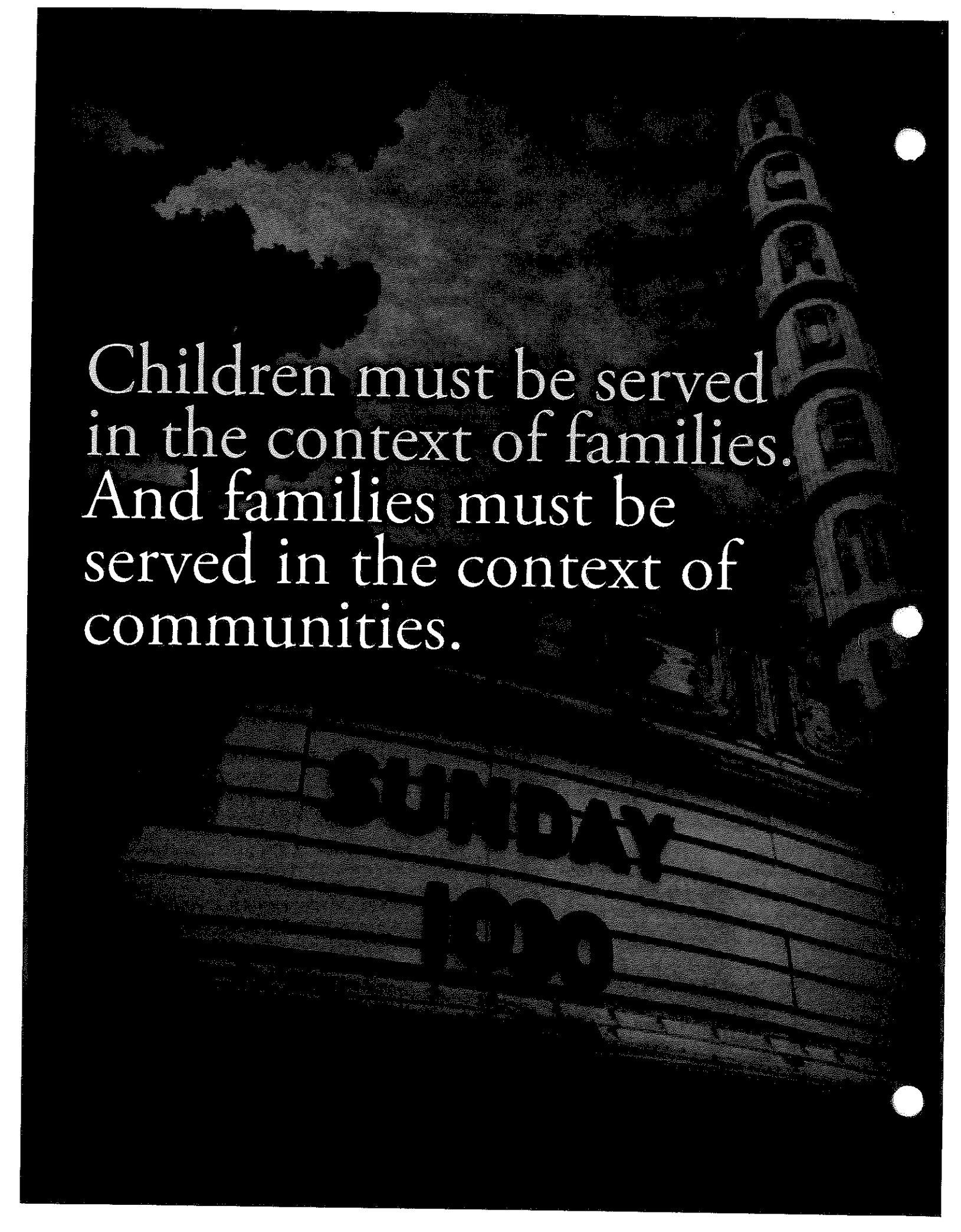
"It's just nice to know someone will always be there for you, even when you are fine and you don't need them," Aiden said. "It's even better to know that someone is there to catch you in case you fall."

## Older youth in foster care need to have a say in their own futures.

find permanent homes for nearly 500 children who were in foster care for extended periods of time.

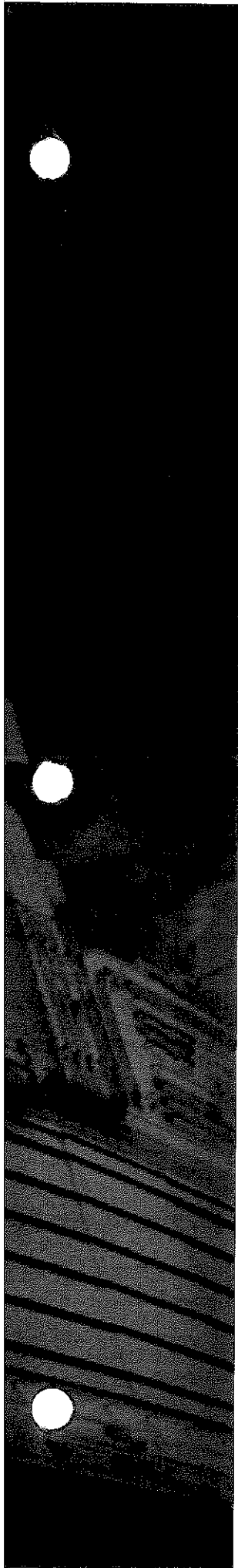
After one year, nearly one in three of the 500 children whose cases went through the roundtable process achieved legal permanency, either through reunifying with family, adoption or guardianship. Although 57 percent of children remained in foster care a year after their cases went through roundtables, many have made strides toward achieving permanency because of the ideas that percolated out of the process.

Working in partnership with child welfare systems, youth and families, Casey Family Programs also is working to remove barriers that historically have prevented many older youth from achieving permanency.



Children must be served  
in the context of families.  
And families must be  
served in the context of  
communities.

**SUNDAY**  
**1990**







## *Community Medicine: A child welfare system extends its reach to all South Los Angeles families in need*

Across the street from a city park and kitty-corner to a community center, a rooster crows long after dawn already has broken, its racket beating against an apartment window protected by burglary bars and draped with a Mexican flag.

Near the intersection of two wide boulevards clogged with traffic, the old Academy Theater is easy to spot because of its slim cylindrical tower. A church moved into the one-time movie house years ago, offering healing, deliverance and miracle services.

Where once stood burned-out hulls of buildings destroyed during the 1992 riots, signs of rebirth are evident. But harsh realities impede community progress.

The community of South Los Angeles sprawls across several neighborhoods and a handful of cities, the most recognizable of which are Watts and Compton. Three in every 10 households in South Los Angeles live in poverty. Three in every 10 adults over age 25 have less than a ninth-grade education. The high school graduation rate is 35 percent. More than 300,000 crimes are committed in a year.

The South Los Angeles community also has a high number of child welfare cases. In 2009, nearly 25,000 children in the community were the subject of a child welfare referral, according to the Los Angeles County Department of Children and Family Services. Those referrals led to 2,220 children being removed from their homes. At any one time, about 3,600 children in South Los Angeles are in foster care.

The ultimate obligation of child welfare systems is to protect children from danger. But that is not accomplished solely by reacting to child maltreatment that already has occurred. To ensure the safety of America's children and build stable families, the condition of the communities in which they live must be addressed.

An innovative program is under way in South Los Angeles that may signal the future of child welfare in the United States.

It's a future where children are kept safe because their families have received the help they need before any abuse or neglect takes place. It's a future where families receive the support and learn the skills they need so that children can be raised safely and successfully at home – and within the communities they call home.

And it's a future where communities can thrive by drawing strength from the children and families they serve.

. . .

This new approach in child welfare is benefiting the entire South Los Angeles community by aiming to stop child neglect and abuse in their tracks. The project is made possible in part because Los Angeles County has a Title IV-E waiver, which gives child welfare systems more flexibility to spend federal child welfare dollars on services other than foster care – such as those aimed at

preventing child maltreatment and moving children in foster care into permanent homes.

The Prevention Initiative Demonstration Project (PIDP) serves not only families with open child welfare cases but also those in the community who never have come into contact with the system. Those latter families, however, are at a high risk to enter the system unless they receive help raising their children.

"This kind of a program diverts children from foster care while strengthening the communities we serve," said Blanca Vega, assistant regional administrator for the Department of Children and Family Services office in Compton.

PIDP is a countywide project funded through an investment of \$10 million. Casey Family Programs has supported the project through consultation, research and technical assistance.

The project takes on different forms within the various parts of Los Angeles County, based on individual community needs. In South Los Angeles, it is managed by SHIELDS for Families, a nonprofit with deep community ties, which it has used to build a broad network of PIDP resources.

"Instead of having systems that are set up to keep families apart, we should be investing in services that are helping keep families together," said Kathryn Icenhower, SHIELDS executive director.

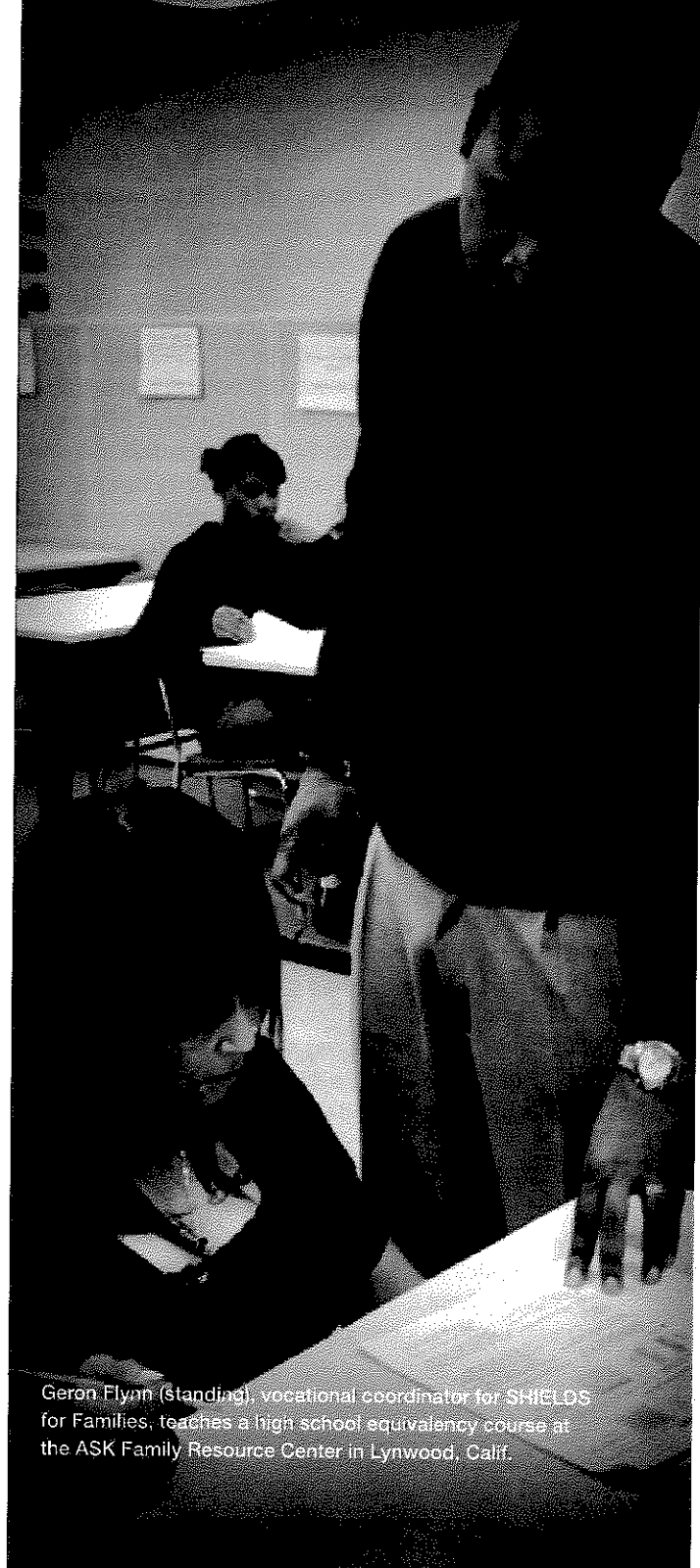
SHIELDS opened four ASK (Ask, Seek, Knock) Family Resource Centers throughout South Los Angeles as places for families to receive the services they need to raise their children safely and successfully. Each family resource center has a staff person, or "resource navigator," who guides families through the social services maze to make sure they get the support they need.

The family resource centers are well embedded within South Los Angeles. One is inside the Avalon-Carver Community Center, which has been a part of the community since 1940. Another is run through West Angeles Church of God in Christ, which has more than 22,000 congregants.

Families are more likely to walk into a church or community center to ask for services than they would be if the centers were billed as part of the child welfare system, said Ron Taylor, resource navigator at the West Angeles Church family resource center.

"Most people aren't going to ask the Department of Children and Family Services for whatever help they need

# Supportive communities help create stable families.



Geron Flynn (standing), vocational coordinator for SHIELDS for Families, teaches a high school equivalency course at the ASK Family Resource Center in Lynwood, Calif.

to raise their children," he said. "This way, families can be comfortable that their coming in won't result in a child welfare case being opened on them. Some don't even realize that the center is connected to the system. They just know they went somewhere and got the help they needed."

Needs have varied among the 8,400 South Los Angeles families that have sought services through the family resource centers as of March 2011. The majority of families come in asking for food or clothing for their children, including baby formula and diapers. Some seek safe housing or assistance with paying rent. Others need beds so their children don't have to sleep on the floor.

About 75 percent of those served by family resource centers have been parents with no active child welfare case but who need help raising their children safely and successfully.

Rita Espino falls within that 75 percent. She walked into a family resource center needing food and a stove so she could prepare proper meals for her four children, who range in age from 4 to 14. During her first meeting with the PIDP navigator, she was so worried for her children that she broke down in tears. With enough food and a new stove, the children now eat well – and they eat together, each night, as a family.

"Once I am finished cooking, everyone sits at the kitchen table, we say a prayer to thank God and then we eat," Espino said.

. . .

Some services are provided directly at the family resource centers, including parenting classes, computer proficiency training, high school equivalency courses and tutoring for children. PIDP also helps parents who are seeking vocational training so they can earn steady work and therefore raise their children safely and successfully.

Leslie Hemsley, who is raising 4-year-old Leslie Jr. by himself, has begun taking a fiber optics cable technician certification course offered free of charge.

"Becoming a father made me a man," said Hemsley, 26. "My son is my heart, my pride, my joy. He is everything to me. I'm trying to move up in life so I can take better care of him. Without him, I don't know what I'd do. Every night, I think about it. I think about losing him. That's why I am really trying to learn a trade. It's for him."

Hemsley, an immigrant from Belize, also is receiving legal aid through PIDP to help obtain a work permit. SHIELDS for Families estimates that more than 1,000 residents so far have received some sort of pro bono legal services through PIDP.

Hemsley said his PIDP navigator, Sharron Eason, has been a blessing for him and his son.

"When I met Sharron, I felt like a weight was lifted off me," he said. "If I have any questions, I just call her and she guides me to what I need."

The fiber optics certification program has trained hundreds of single fathers just like Hemsley. Most have no active child welfare case but suffer from economic and other stresses that put the family at risk of entering the system. A group of former students even formed a support group for single dads.

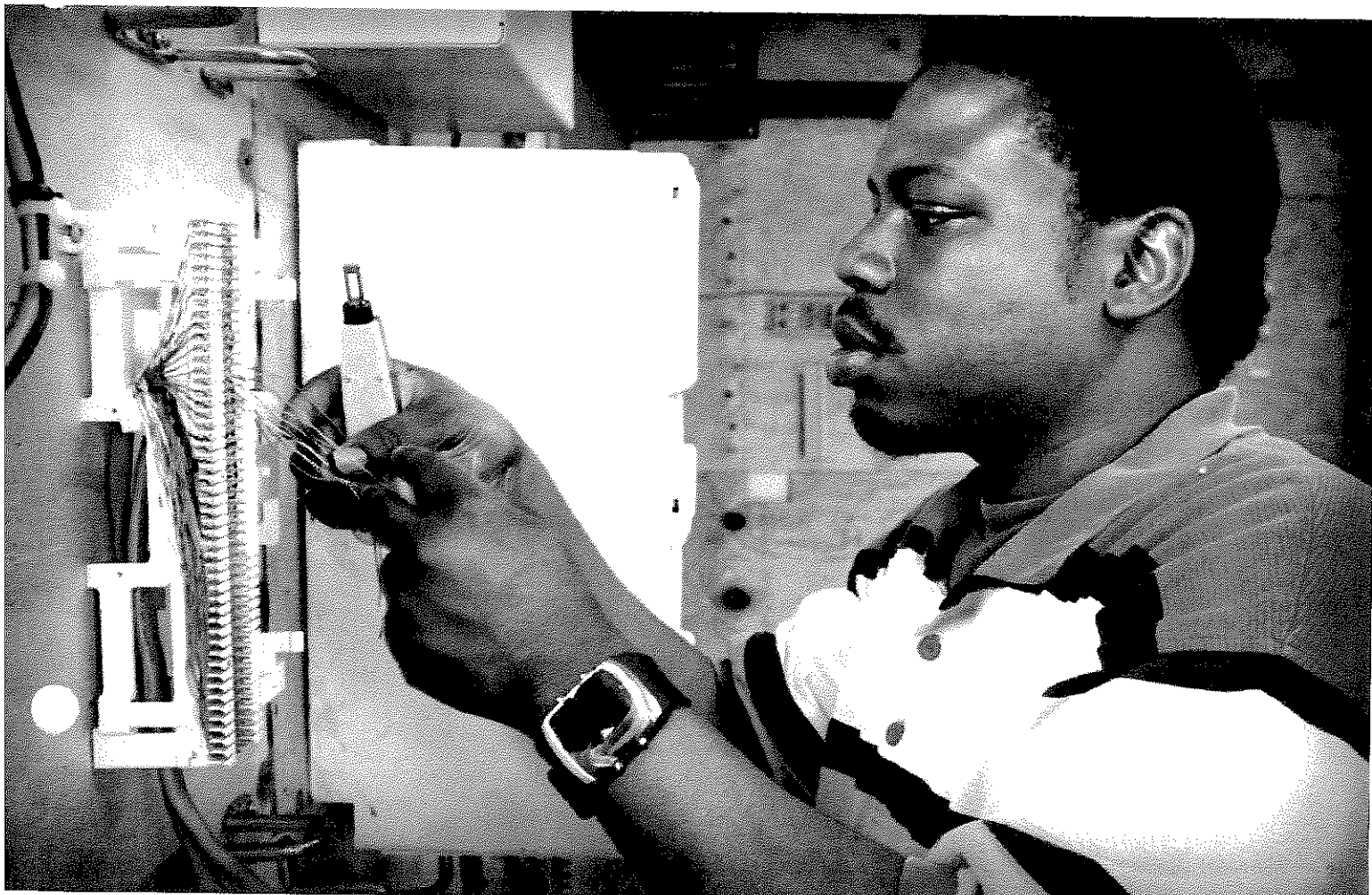
"This is what we mean when we talk about building community," said Audrey Tousant, PIDP program manager for SHIELDS. "They are making their own social networks outside of – but as a result of – the services we are providing."

According to SHIELDS, many graduates of the fiber optics program have found jobs in the field and been promoted to supervisor level, earning salaries of \$60,000 to \$75,000 a year, plus benefits. A few have started their own companies in cable and computer repair.

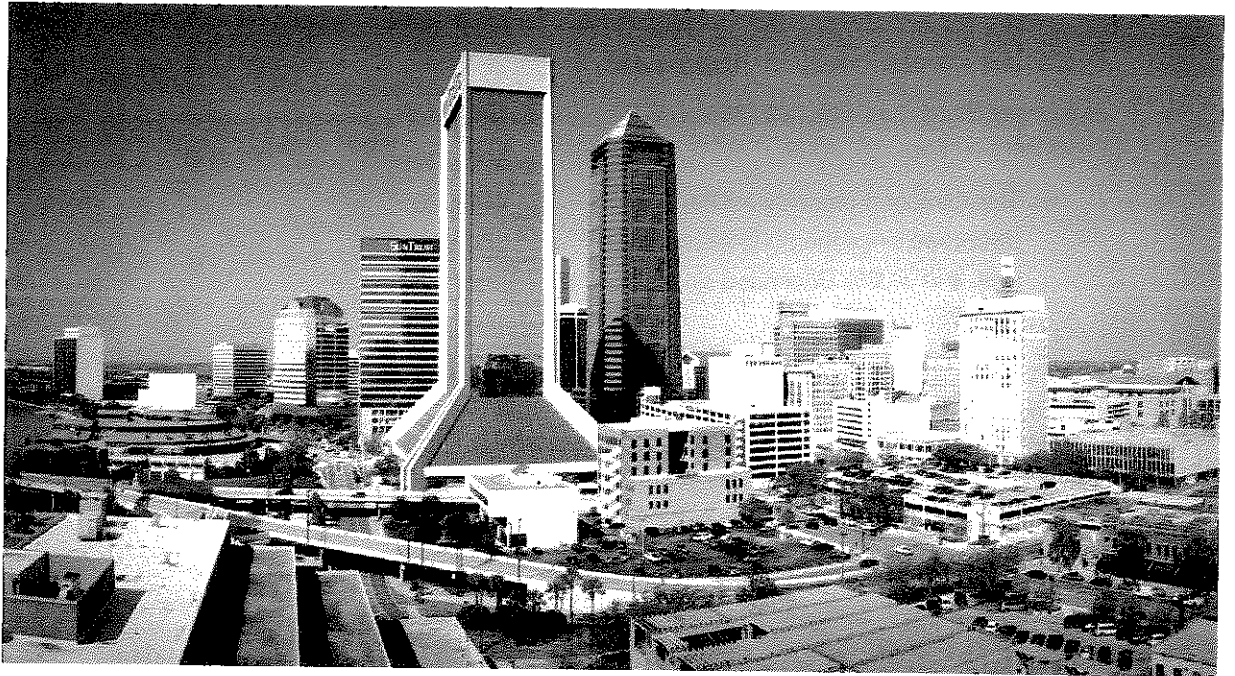
About one-third of last January's graduating class of 27 students had jobs lined up even before they received their certificates. A formal graduation ceremony took place at one of the family resource centers, attended by spouses, parents and children of the students. A few graduates carried their babies in their arms as they accepted their certificates.

"You cannot put a price on that kind of pride, that kind of excitement," said Vega, the assistant regional administrator for the county child welfare department. "To see their families there with them, also beaming with pride – I couldn't help but think that with that kind of support, we'll never see these families enter our system. Ever."





America's mosaic assumes  
a variety of shapes, styles  
and forms. But the high  
hopes and boundless  
dreams we have for our  
children are alike in  
every community.



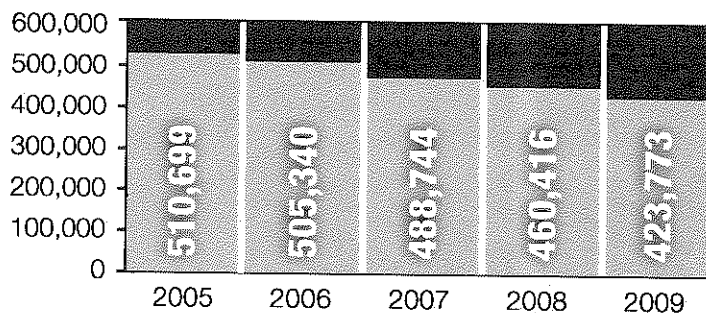
The primary goal is to keep children safe from abuse and neglect. By ensuring that all children have a safe and permanent family, we can reduce the number of children in foster care.

### Number of children in *foster care*

The United States had **423,773** children in foster care on Sept. 30, 2009.

- This number represents a **17% decrease** since the 2005 federal fiscal year, and an **8% decrease** since FY2008.

Overall number of children in *foster care*

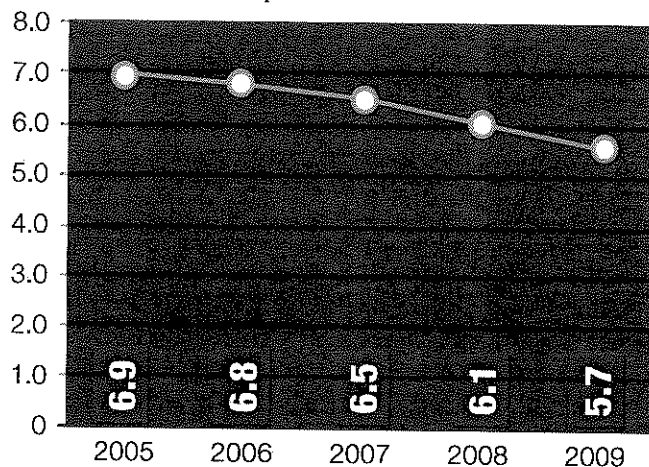


### Rate of children in *foster care*

The rate of children in foster care (per thousand children under age 18) is an important measure because it takes into account changes in population.

- The national rate **decreased** each year between FY2005 and FY2009.

Rate of children in *foster care*  
per thousand children



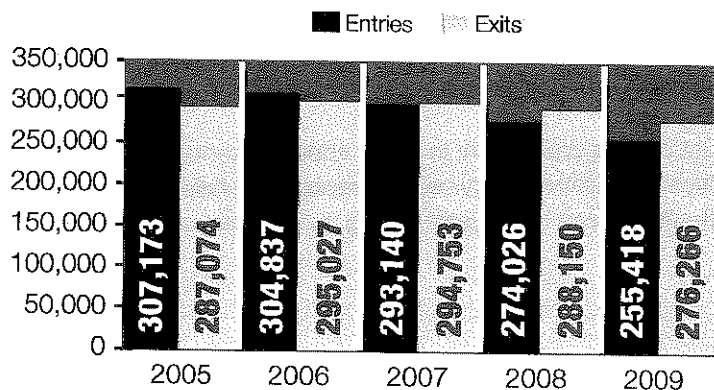


## Relationship between entries and exits

An indicator of safe reduction is whether the number of children exiting foster care is exceeding the number entering.

- Exits began **exceeding** entries in FY2007 and continued in FY2008 and FY2009.
- The number of children entering foster care **decreased 16.8%** from FY2005 to FY2009.
- The number of children exiting foster care **decreased 3.8%** from FY2005 to FY2009.

Relationship between *entries and exits*

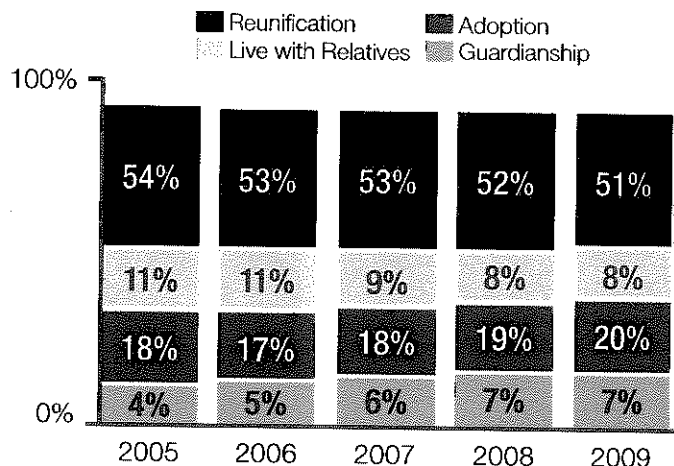


## Exits to permanency

The goal is for every child in foster care to exit into a safe and permanent family.

- The percentage of children exiting to permanency **remained stable** from FY2005 to FY2009.
- **More than half** of all exits to permanency are the result of family reunification.

Exits to *permanency*



Source: Adoption and Foster Care Analysis and Reporting System.

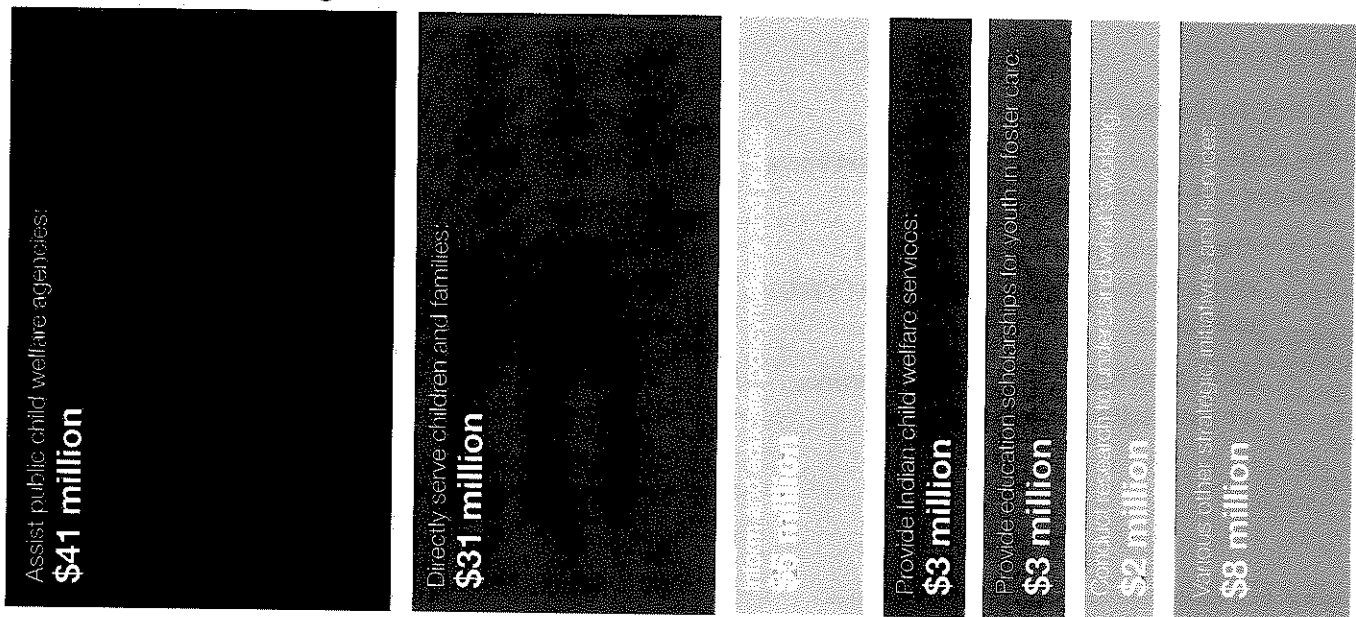
# Casey Family Programs *at a glance*

In 2010, Casey Family Programs spent \$116 million in pursuit of our mission to provide and improve – and ultimately prevent the need for – foster care.

Out of each dollar spent in 2010, about 80 cents paid for strategic initiatives, services and research to help ensure that all children can have a safe, loving and permanent family.

At the end of 2010,  
Casey Family Programs  
assets totaled \$2.1 billion.

## Spending on Strategic Initiatives, Services and Research





# Leadership, offices *and national partners*

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## Office Locations

### CASEY FAMILY PROGRAMS HEADQUARTERS

2001 Eighth Avenue  
Suite 2700  
Seattle, WA 98121  
Phone: 206.282.7300

### Arizona

#### ARIZONA FIELD OFFICE

378 East Palm Lane  
Phoenix, AZ 85004  
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Phone: 303.871.8201

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Phone: 202.728.2004

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6441 Emerald Street  
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Phone: 208.377.1771

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One Liberty Plaza  
New York, NY 10006  
Phone: 212.863.4860

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5201 East Riverside Drive  
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Phone: 512.892.5890

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2840 Babcock Road  
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130 Hobbs Avenue  
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Phone: 307.638.2564

**National Partners**

As part of our mission to improve the child welfare system, Casey Family Programs has built effective partnerships with a broad range of national organizations, including nonprofits, public policy associations, child welfare groups and research institutions:

American Bar Association Center on Children and the Law

American Humane Association

American Public Human Services Association

America's Promise Alliance

Association of Black Foundation Executives

Black Administrators in Child Welfare

Center for Social Services Research, School of Social Welfare, University of California, Berkeley

Chapin Hall at the University of Chicago

Child Trends

Child Welfare League of America

Children's Bureau, U.S. Department of Health and Human Services

Children's Defense Fund

Foster Care Alumni of America

FosterClub

Generations United

Georgetown University Center for Juvenile Justice Reform and Systems Integration

Grantmakers for Children, Youth and Families

Harvard Medical School

Harvard University Center on the Developing Child

National Association of Public Child Welfare Administrators

National Center for State Courts

National Civilian Community Corps

National Conference of State Legislatures

National Council of Juvenile and Family Court Judges

National Court Appointed Special Advocates (CASA) Association

National Governors Association Center for Best Practices

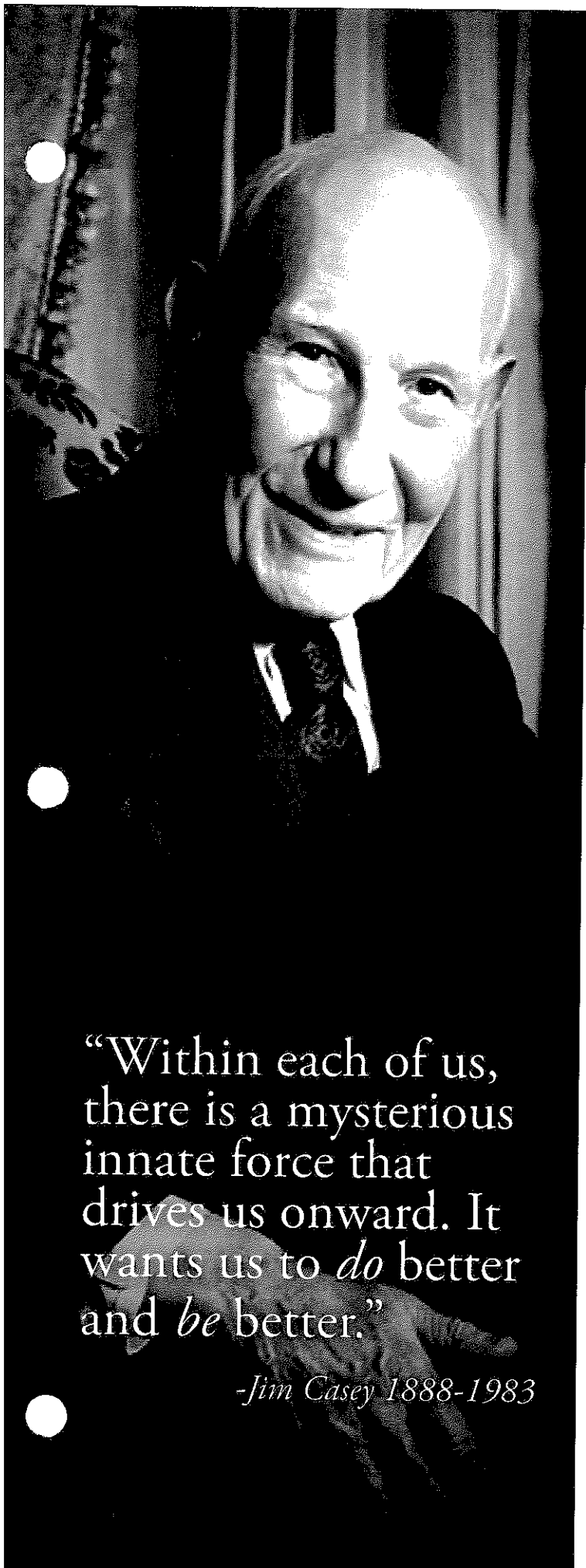
National Urban League

University of Texas at Austin

University of Washington Institute for Learning and Brain Sciences

Walter R. McDonald and Associates





“Within each of us,  
there is a mysterious  
innate force that  
drives us onward. It  
wants us to *do* better  
and *be* better.”

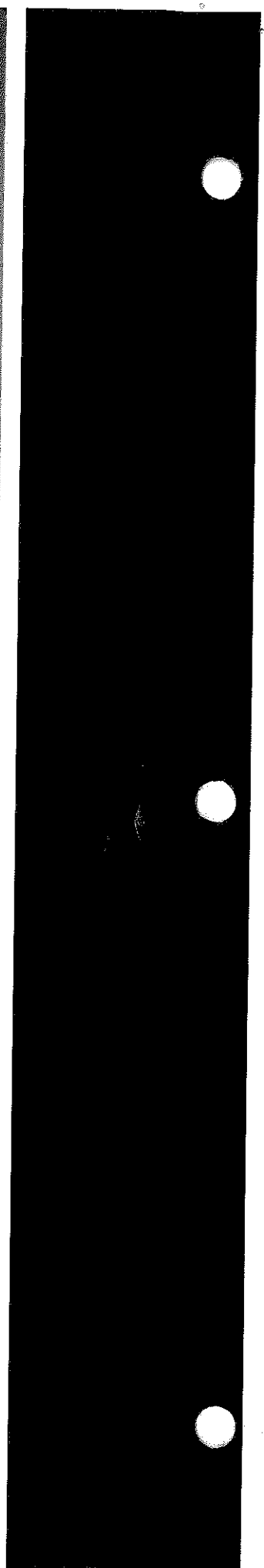
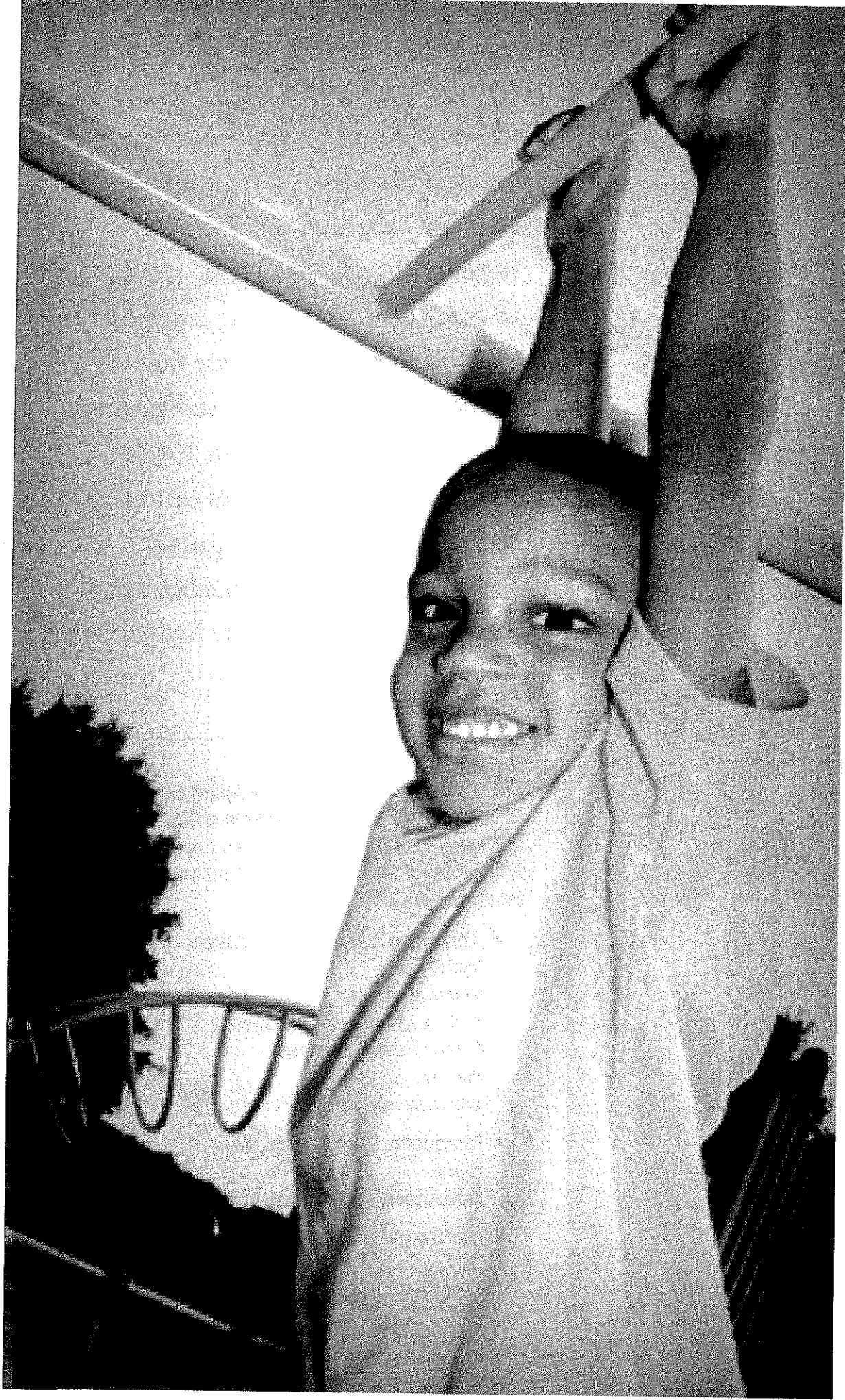
*-Jim Casey 1888-1983*

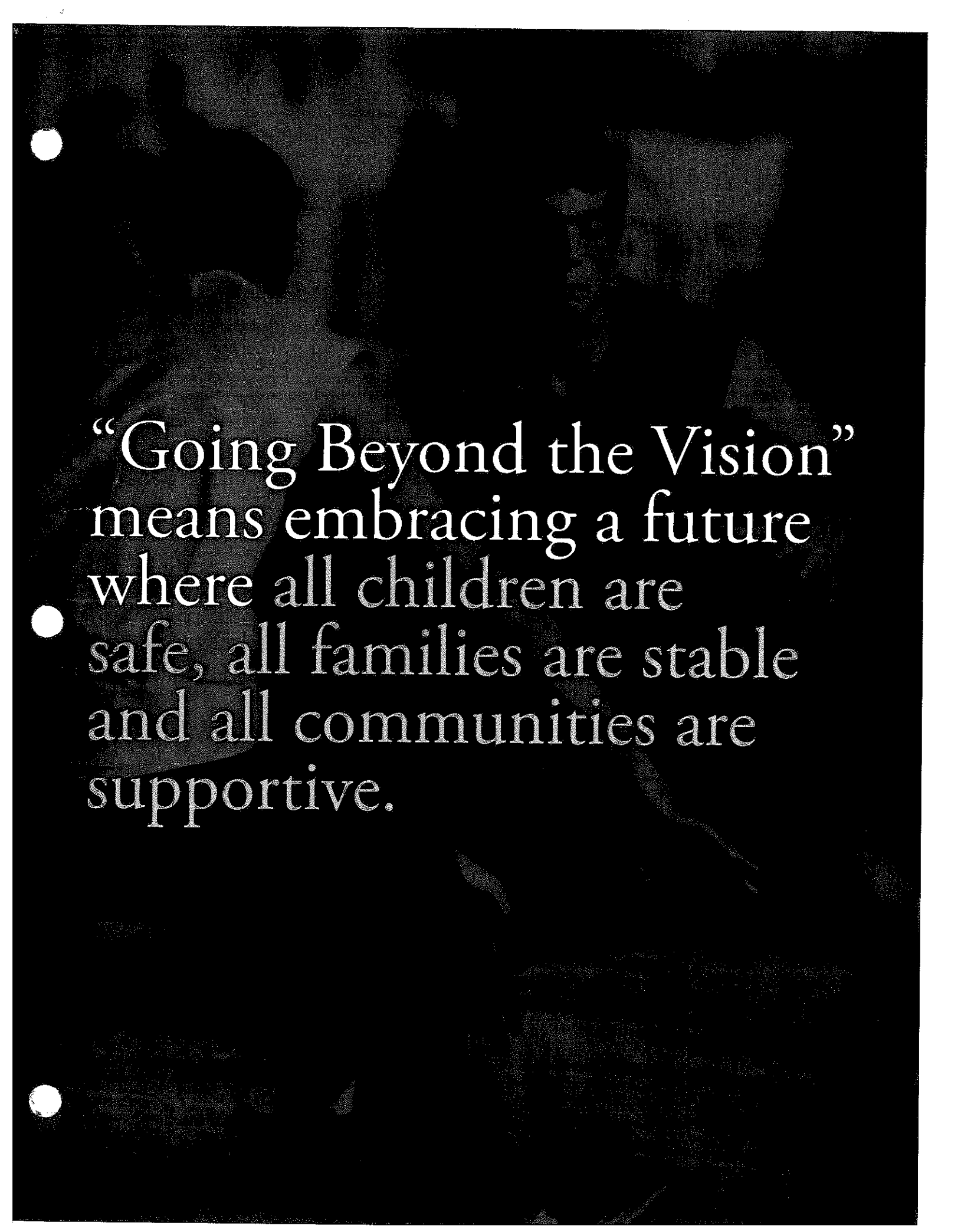
The founder of United Parcel Service, *Jim Casey* understood that children need the love and support of a safe and stable family in order to thrive, and he carefully considered ways to provide that chance. To that end, he established Casey Family Programs in 1966. The foundation continues to work each day in Jim Casey's spirit of compassion and concern, singularly focused on improving the lives of America's children.

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Jim Casey and his family left a lasting legacy to improve the lives of vulnerable children and families. In addition to Casey Family Programs, other organizations that bear the family name include:

- The Annie E. Casey Foundation  
*Baltimore*  
[www.aecf.org](http://www.aecf.org)  
and its direct services agency  
Casey Family Services  
*New Haven, Conn.*  
[www.caseyfamilyservices.org](http://www.caseyfamilyservices.org)
- Marguerite Casey Foundation  
*Seattle*  
[www.caseygrants.org](http://www.caseygrants.org)
- Jim Casey Youth Opportunities Initiative  
*St. Louis*  
[www.jimcaseyyouth.org](http://www.jimcaseyyouth.org)





“Going Beyond the Vision”  
means embracing a future  
where all children are  
safe, all families are stable  
and all communities are  
supportive.



**casey** family programs

fostering families. fostering change.

Casey Family Programs  
2001 Eighth Avenue  
Suite 2700  
Seattle, Washington, 98121

[www.casey.org](http://www.casey.org)

GOING BEYOND THE VISION  
May 2011

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## Can Public Child Welfare Help to Prevent Child Maltreatment? Promising Findings from Los Angeles

Jacquelyn McCroskey

University of Southern California School of Social Work, [mccroske@usc.edu](mailto:mccroske@usc.edu)

Peter Pecora

University of Washington School of Social Work, Casey Family Programs

Todd Franke

University of California Los Angeles Luskin School of Public Affairs

Christina Christie

University of California Los Angeles Graduate School of Education and Information Studies

Jaymie Lorthridge

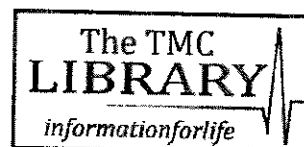
University of Southern California School of Social Work

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The American social services system was created at the turn of the last century “out of a simultaneous sense of loss, crisis, and optimism” (Halpern, 1999, p. 3). According to Halpern (1999), the sense of loss was based on longing for the security of family and community life experienced by previous generations when there were strong “informal support systems, clear moral codes, and procedures for enforcing those codes” (p. 3). While this may have reflected an idealized view of pre-industrial society, the very real crises of industrialization and urbanization which brought large numbers of European immigrants and dislocated American farmers to try city life did create socioeconomic shifts that put families, particularly poor families, in harm’s way. The sense of optimism came from belief in the knowledge to be gained from the emerging social sciences and hope that the new disciplines of sociology, psychology, and social work would develop effective institutions that would help even the poorest families make their way in a challenging modern world.

Unfortunately, over a century of debates between disciplines with competing theories and leaders with competing beliefs about how social service systems should work does not seem to have clarified pathways to success. This is particularly true in the arena of child welfare where government systems are expected to serve all of the families who come to their attention, despite the families’ different histories and needs and the fact that they live in communities with different resources, cultures, and expectations. As a result, the challenges of supporting fragile families, encouraging self-sufficiency, and assuring the safety and well-being of children—the very challenges that early leaders sought to solve by creating social service systems—are still very much with us.

Although there is increasing evidence that particular programs are effective, it has proven much more difficult to re-engineer, re-invent, and reform the overall systems that deal with the many political, financial, and organizational challenges of public child welfare. In addition to the operational demands of providing direct services 24 hours a day, 7 days a week, there are also numerous management challenges, including compliance with policy and legal mandates, budgeting, accounting, information technology, facilities, human resources, and all of the other tasks that support such complex direct service operations. The number and complexity of these tasks makes it perhaps even more difficult to orchestrate and demonstrate the impact of systems change efforts than it is to implement and measure the results of direct service programs (Hargreaves & Paulsell, 2009; Little, 2010).

Overall, public child welfare systems have three key purposes: trying to protect children from child abuse or neglect (child safety), helping

children have a stable family (permanency), and promoting child growth and functioning (child well-being) (United States Department of Health and Human Services, 2010). To help achieve those purposes, four major programs are made available: child protection investigation and services, foster care, adoption, and family-centered services (McCroskey, 2003).

We still draw deeply on the ideas and assumptions of the 19<sup>th</sup>-century reformers who created three key institutional precursors to our current systems—Societies for the Prevention of Cruelty to Children, Charity Organization Societies, and settlement houses. Three of the core child welfare functions (child protective services, foster care, and adoption) focus on protecting children and placing them in alternative living situations when necessary. The roots of this work can be traced back to the Societies for the Prevention of Cruelty to Children (SPCC), groups that were designed to “rescue” children from abusive families, particularly the poor immigrant and rural families who lived in inner-city tenement houses. SPCC officers were called out to intervene when abuse or maltreatment was suspected. Responding to sometimes horrifying cases of abuse or emotional cruelty (Watkins, 1990), agents used their law enforcement powers to investigate allegations, remove children from the care of abusive parents, persuade judges to take custody of children, and hand them over to “placing out societies” (Folks, 1902). These Societies also worked to prevent maltreatment by threatening parents with arrest and generally trying to scare parents into good behavior. In fact, Homer Folks, a contemporary observer, said: “their greatest beneficence” had probably been “not to the children who have come under their care, but to the vastly larger number whose parents had restrained angry tempers and vicious impulses through fear of ‘the Cruelty’” (Folks, 1902, p. 177).

The fourth key child welfare function, family-centered services, sometimes has an uneasy relationship with the other three because it focuses on strengthening families so children can be nurtured and protected at home. These services are essential for the same reason that Charity Organization Societies and settlement houses were important in turn-of-the-century America. Even the most vigilant protective services officers can only remove children from their parents in a small proportion of cases. There have to be alternatives for the vast majority of parents who come to the attention of the public child welfare system because they are poor, overwhelmed, or coping poorly but whose behavior does not threaten their children’s safety or cross the line into maltreatment.

Some of these parents may need counseling and home-based services like those pioneered by the Charity Organization Societies, while

others may need the kind of support and concrete assistance provided in early 20<sup>th</sup>-century American cities by settlement houses. Like the early settlement house residents, many leaders of family support and family strengthening agencies today focus on the socioeconomic conditions of urban life that undermine families. Because of their belief that social and economic conditions were creating problems for families, settlement houses created safe havens where parents could learn new languages and skills, children could be cared for in day nurseries and youth programs, and families could begin to adjust to urban life (Linn, 1935). In contrast, leaders of the Charity Organization Society movement focused largely on individual problems and lack of parenting information that could be resolved inside the family. Mary Richmond and her colleagues created a "scientific" approach to "social investigation," assessing family problems, training "friendly visitors" to advise and counsel parents (primarily mothers), and at the same time providing living examples of how "well-adjusted" American families behaved (Richmond, 1917). Many families, then and now, need both kinds of help.

Our current economic crises have brought many families closer to the brink of being referred to child welfare, and many others have been investigated by children's social workers but allegations of abuse and neglect were not severe enough to warrant a case opening. There are also increasing numbers of caregivers who have taken on responsibility for children when relatives and kin could not manage any longer, parents who need help when their children return from out-of-home care, and youth who emancipate from the foster care system with children of their own. Child welfare isn't, of course, the only system that can or should provide family-centered services and support for all of these families, but it has an important role to play in the community's overall support of families, if only because we need to be able to offer alternatives for the many families who may come to the door of child welfare but whose children can live safely at home. The question is how these agencies can develop effective partnerships with other health and human services systems and with community and faith-based organizations to knit existing services together to better serve families.

This article describes promising findings from the Los Angeles County Prevention Initiative Demonstration Project (PIDP), a systems change approach to developing relationships between public child welfare, allied public agencies, and community-based networks that offer family-centered services, economic assistance, and capacity building to support all kinds of families. The following sections describe the conceptual



underpinnings and unique structure of PIDP, the evaluation methods used to assess results, and promising results measured thus far.

### **Key Concepts**

Over the last few years, neuroscientists have documented the profound effects of early childhood adversity, including the “toxic stress” experienced by maltreated children (Committee on Psychosocial Aspects of Child and Family Health et al., 2012). This explosion of knowledge about the architecture of the developing brain, how early experiences affect long-term development, and how protective factors can be enhanced to strengthen families and promote child development underlines the critical importance of relationships between parents and children in learning and brain development (National Scientific Council on the Developing Child, 2005; National Scientific Council on the Developing Child, 2010; Anda et al., 2006; Horton, 2003). Along with research describing the impact of promising and evidence-based programs, findings on the developing architecture of the brain in early childhood and the possibilities for successful remediation of early disadvantage have encouraged many leaders to underline the urgent need for child welfare to integrate focus on safety and permanency with equal focus on child and family well-being. In April 2012, the Administration for Children and Families released an Information Memorandum to describe its rationale and approach to promoting social and emotional well-being for children and youth, encouraging child welfare agencies to “focus on improving the behavioral and social-emotional outcomes for children who have experienced abuse and/or neglect” (p. 1). The memorandum states:

... [T]here is a growing body of evidence indicating that while ensuring safety and achieving permanency are necessary to well-being, they are not sufficient. Research that has emerged in recent years has suggested that most of the adverse effects of maltreatment are concentrated in behavioral, social, and emotional domains. The problems that children develop in these areas have negative impacts that ripple across the lifespan, limiting children’s chances to succeed in school, work, and relationships. (Administration for Children and Families, 2012, p. 2).

PIDP also built on emerging ideas about how to utilize a public health approach to support development of prevention and early intervention systems, bringing resources together to improve behavioral and social-emotional well-being. The National Research Council and

Institute of Medicine's 2009 report, *Preventing Mental, Emotional, and Behavioral Disorders Among Young People*, advances a broad conceptualization based on findings emerging from prevention science. They place services and other strategies along a continuum of health *promotion, universal, selected, and indicated* prevention programs (National Research Council & Institute of Medicine, 2009). *Promotion* refers to strategies designed to encourage or nurture good health. *Universal* is the term applied when a prevention program is helping all populations. *Selective* is applied when focusing only on vulnerable or high-risk populations, and *indicated* is used when prevention programs focus on working with individuals who have early symptoms of a problem or illness. Incorporating this broad public health-oriented framework into child welfare's thinking about prevention requires community-based efforts that extend well beyond the usual purview of the child protective services system, developing ongoing collaboration between public agencies and a broad array of community groups that support and strengthen families at the local level (Schorr & Marchand, 2007, p. ii).

The Los Angeles County Department of Children and Family Services (DCFS) and designers of its prevention initiative used these concepts in their call for community and faith-based organizations experienced in network leadership to work with leaders of DCFS's 18 regional offices to create prevention networks. The call for community-specific networks was based on a community-level change model developed in L.A. that recognizes how social networks and relationship-based community organizing approaches could enhance traditional service delivery approaches that focus on intervention for those classified as being "in need." These prevention networks were designed to reach families living in high-need neighborhoods who had not come in contact with child welfare, as well as families referred to DCFS for whom a case was never opened and families whose children were returning to them after a spell in foster care.

The commissioners, community leaders, advocates, and county department managers who designed the initiative created a forum for almost four years of debate over key premises that could help to bridge, link, and supplement the extensive array of family-centered counseling (Family Preservation) and support services (Family Support and Partnerships for Families<sup>1</sup>) that were already in place in L.A. County.

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<sup>1</sup>Family Preservation and Family Support services are offered by community-based organizations under contract with the Department of Children and Family Services. Partnerships for Families is also a community-based program that provides a range of secondary prevention services for families referred to DCFS, but for whom a case is not

They agreed that this initiative should build on existing clinical services but also work to renew and update the settlement house ideals of neighborhood building and community organizing, engaging all family members, and offering concrete support to help families reach self-sufficiency. Collaborative network approaches would be needed to link existing services with a much broader range of supports and activities, making opportunities for engagement, participation, and community action just as visible and accessible to families as were counseling, parent education, and other kinds of individualized services.

The Prevention Initiative Demonstration Project (PIDP) was conceived as a system change effort for five reasons: 1) the Request for Qualifications process called for lead agencies experienced in this kind of work, thus ensuring that the initiative would build on existing community capacity; 2) funds did not primarily pay for delivery of services but supported networks in creating community-based systems and partnerships to leverage existing resources; 3) the initiative was designed to fill gaps in local family service systems by focusing on social connections, economic opportunities, and access to existing community services and resources; 4) DCFS encouraged leaders of local regional offices to build relationships with these community-based networks, planning and problem-solving together to fill gaps in services and supports needed in local communities; and 5) prevention networks were encouraged to work collaboratively with allied public agencies, including county health and human services departments, municipal governments, and local school districts, as well as with community-based organizations and faith-based and grassroots groups.

### **Implementation**

Approved in February 2008 as a demonstration project, PIDP does not take a traditional approach to contracting for specified kinds of services. Rather, it is a community-specific strategy delivered through eight PIDP networks, which work closely with the 18 local DCFS regional offices, which in turn serve L.A. County's eight Service Planning Areas. PIDP planners identified strategies that were essential to strengthen families, improve community safety nets, and prevent child maltreatment for three groups of families—those living in high-risk communities but not involved with DCFS, those being investigated by DCFS Emergency Response workers, and those whose children had open DCFS Family Maintenance

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opened; it is financed by First 5 LA and constitutes a major form of "alternative response" services.

or Family Reunification cases.

Three themes or strands would focus the work of each network: 1) decreasing social isolation; 2) increasing economic stability; and 3) integrating the existing community-based spectrum of services and supports. Each network should devote at least half of its resources to primary prevention, supporting and engaging families, and strengthening social networks so that child abuse/neglect does not occur. Each network should also address secondary prevention, involving parents with unfounded and inconclusive referrals as decision makers in promoting their children's development, learning, and well-being and addressing potential risk factors so that re-referrals for child maltreatment are reduced. And each network should use about 20% of these prevention resources to strengthen the care-giving capacity of parents whose children have open DCFS cases.

PIDP required a relatively modest expenditure of \$10 million over the first two years (an annual amount of \$5 million per year in L.A. is modest when compared with the annual departmental budget of over \$1.8 billion). A total of four years of "demonstration" was originally planned with step-down funding in later years, but findings from the evaluation helped to extend the timeline through 2012-2013 as lessons learned from PIDP are being used to redesign contracting for Promoting Safe and Stable Families/Child Abuse Prevention and Intensive Treatment and other funding streams. The initial investment of \$10 million included \$3.76 million from the county's Title IV-E Waiver capped reinvestment funds and savings reaped from a previous effort. Specific dollar amounts were designated for each of the eight Service Planning Areas based on the number of child abuse referrals and the total population of families and children living in the area.

### **Evaluation Methods**

The evaluation team included faculty and doctoral students from local universities selected and funded by DCFS and Casey Family Programs. DCFS staff worked closely with the evaluation team, facilitating monthly meetings, providing access to and collecting data, and analyzing data from administrative systems. The evaluation advisory group included at least one liaison from each of the eight PIDP networks, with representatives from DCFS regional offices and support units.

Findings from the first-year descriptive evaluation showed that 89 community agencies and local groups participated in the eight PIDP networks; taken together, these networks served nearly 20,000 people (not an unduplicated count). This included both funded partners as well

as other agencies and groups that made unfunded contributions. "Mapping" of funded network participants showed how agencies used funding from various DCFS contracts, as well as from two key initiatives funded by First 5 LA,<sup>2</sup> to provide a broader range of services to local families. Over half of the funded agencies participating in PIDP networks already received funding through other DCFS contracts or First 5 LA initiatives. About half of the lead agencies relied primarily on DCFS funding, while the other half received funding from both DCFS and First 5 LA. In addition to mapping the key funding streams from these two agencies, evaluators also gathered information on how participating agencies were working to leverage PIDP funding. Examples included additional dollars received from local funders to support PIDP programs, as well as donation of in-kind resources including personnel and office space.

A Network Collaboration Survey, based in part on the Wilder Collaboration Factors Inventory, was developed to assess indicators of effective interagency collaboration. Even in the first year, functioning of these networks was as good as or better than most other social service delivery networks in other parts of the country. Survey findings showed that the agencies involved in these prevention networks had long histories of working in their respective communities; most (87%) had been working for more than 10 years, with 53% working in the community for more than 25 years. First-year study findings showed that all eight PIDP networks worked with local DCFS regional offices to develop plans that addressed local needs, enhanced family protective factors, decreased social isolation, increased economic resources, and connected families to existing resources, activities, and services (McCroskey et al., 2009; McCroskey, Pecora, Franke, Christie, & Lorthridge, in press). These networks had also reached out to a number of other public agencies and were working with their local offices to support families; partners included the Los Angeles County Departments of Public Social Services, Mental Health, Public Health, Probation and Sheriff, as well as the City of Los Angeles, the Los Angeles Unified School District, and other local school districts. Many of the PIDP activities remained the same during subsequent years, but one of the "notable strategies" highlighted in the first-year evaluation report, development of Faith-Based Parent Visitation Centers, was added to the scope of work for all eight networks.

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<sup>2</sup>Contracted DCFS programs included Family Preservation, Family Support and Child Abuse Prevention, Intervention and Treatment services. First 5 LA, which is funded by a California tobacco tax ballot proposition, was primarily associated with two initiatives Partnerships for Families and the School Readiness Initiative.

Because PIDP was a multifaceted strategy, stakeholders had many questions about whether and how it worked, which local approaches worked best, and whether outcomes could be achieved using different strategies. In order to respond to an array of questions—while optimizing available data and minimizing the need for new data collection—the team used five key themes and sets of questions to guide the evaluation process.

1. *Protective factors.* Did participation in PIDP increase the protective factors<sup>3</sup> known to strengthen families and prevent child maltreatment? If so, were improvements in protective factors associated with decreased need for child welfare intervention or different kinds of intervention?

2. *DCFS case flow.* Overall, for each SPA and each regional office, what were the trends in terms of referrals, substantiation rates, new cases coming into the DCFS system, and children removed into out-of-home care?

3. *Activities.* How many families participated in PIDP activities? What was known about the characteristics of participants and how they were “touched” by the initiative? This included families who had not had any contact with DCFS prior to their involvement with the prevention initiative.

4. *Involvement of DCFS families.* To what extent did children and families already involved with DCFS participate in prevention activities? What factors help to explain different patterns of involvement?

5. *Impact on case openings and reunification.* Did PIDP affect the likelihood that families in three specific high-risk communities would move from a hotline referral status to an open case? Did it affect the likelihood of family reunification for cases in two other communities?

One of the first tasks of the evaluation team was to determine whether it was feasible to integrate data from multiple sources to clarify retrospective results for identifiable families in key communities during the initial project year 2008-2009. Although families served by PIDP in 2008-2009 might not be identifiable in every community, there were two

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<sup>3</sup>Defined and championed by the Center for the Study of Social Policy’s Strengthening Families Initiative, protective factors describe a strengths-based approach that has been adopted by many at the federal, state, and local levels to guide strengths-based work in child welfare (Center for the Study of Social Policy, 2012). According to the Child Welfare Information Gateway (2012), “Protective factors are conditions or attributes in individuals, families, communities, or the larger society that, when present, mitigate or eliminate risk in families and communities that, when present, increase the health and well-being of children and families.”

advantages in focusing on 2008-2009 where possible—attitudes toward allowing families known to DCFS to participate in preventive services were arguably most open in this time period, and longer-term follow-up was possible.

To better understand the impact of prevention efforts, an instrument designed to measure protective factors was developed by Dr. Franke in collaboration with agency staff, families, and community members who participated in Neighborhood Action Councils. Relationship-based organizing strategies that led to creation of these local councils were used as a keystone strategy by PIDP networks in four of the eight Service Planning Areas, building on previous work by one of the lead agencies.<sup>4</sup> The Relationship-Based Organizing Protective Factors Survey includes 72 items, with four factors designed to measure protective factors: Social Support, Personal Empowerment, Economic Stability/Economic Optimism, and Quality of Life. An additional single item measures quality of life. Also included are five factors specific to families with children: Immediate and Extended Family Support, Professional Support, Personal Non-Family Support, Successful Parenting, and Parenting Challenges. Both survey versions were translated into Spanish, and each 72-item section (retrospective and current) took approximately 45 minutes to complete.

Due to regional differences in focus and implementation, analysis of outcomes for DCFS families varied across the five regions; five communities were the focus of particular attention. In three regions, the focus was on referrals of Emergency Response cases during the investigation stage, while in two additional communities the focus was on family reunification for children already in out-of-home care. The evaluation team discussed data needs and plans with DCFS deputy directors, regional administrators, and the eight PIDP networks in order to develop a focused but practical analysis plan. Staff from each regional office and from the local PIDP networks participated in sample selection and identification of cases for the specific category of families served in their area. DCFS staff assisted in organizing the data, including linking with appropriate staff at regional offices. In order to assure confidentiality, analyses were completed by staff in the DCFS Bureau of Information Services.

### **Study Limitations**

Limitations included the fact that the parent survey was administered in different ways at different points in time in different communities. As a

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<sup>4</sup>South Bay Center for Counseling, [www.sbaycenter.com](http://www.sbaycenter.com)

result, there were some parents who did not complete the protective factors survey for a second time, so there were no data on whether or how their functioning had improved. Also, while the special community analysis of DCFS outcome data did rely on comparison families who were randomly chosen from matched groups of similar local families who did not receive PIDP services, the evaluation design did not allow for random assignment of families at the start of the project to PIDP and comparison group conditions.

### **Promising Results**

The reach of PIDP during its second full year of operation, 2009-2010, was about the same as in 2008-2009. An unduplicated count showed that the eight PIDP networks served 17,965 people; 13% (n=2,391) were individuals involved with DCFS—either during the investigation stage or after a child abuse case had been opened.

### **Improvements in Protective Factors**

Data collected from the survey and focus groups held in all eight Service Planning Areas (December 2009 through April 2010) highlighted the benefits that parents and youth reported receiving through their participation in local Neighborhood Action Councils and other parent and family involvement activities. The survey was administered to participants in all Service Planning Areas, but methods were adapted to meet local needs. In some areas, a retrospective version of the survey was administered; respondents reported current ratings on survey items and six-month retrospective ratings on the same set of items. In another version of the survey, administered to families in three other areas, respondents reported only current ratings. Because of limited time and research capacity at some agencies, only a nonrandom subsample of respondents completed the retrospective version of the survey. Results from the survey were calculated for three groups: 1) 355 PIDP survey respondents who participated in Neighborhood Action Councils (NACs) in four areas; 2) other PIDP NAC participants plus an additional 183 survey respondents who participated in other social networking strategies in four other areas (n=538); and 3) 1,001 survey respondents participating in additional NACs not sponsored by PIDP.

Parents and youth who participated in NACs (as well as the smaller number who participated in other kinds of social networks) reported a pattern of benefits including greater involvement in their community, more desire to engage in community activities, and decreased feelings of loneliness or isolation. Participants reported a significant improvement



across three points in time for five factors and a quality of life item. Significant changes were found for three additional factors between two time points. The effect sizes, while statistically significant, were in the small range for all areas of functioning. Responses suggested that the impact of this strategy on protective factors was most evident during the first four to six months of participation, and then benefits stabilized. Given the nature of the relationship-based community organizing model used by the NACs, it would be expected that perceived improvements in the protective factors measured would be evident as the groups form and become cohesive and as participants develop relationships with each other. Similarly, it would be likely that once the group has attained a moderate to high level of cohesion (likely to occur within the first six months of group formation), changes in perceived levels of support from group participation would stabilize.

This pattern of benefits reported by participating families is particularly important because such protective factors have been linked to long-term strengthening of families (Center for the Study of Social Policy, 2012) and significant reductions in substantiated reports of child maltreatment (Reynolds, Mathieson, & Topitzes, 2009; Reynolds & Robertson, 2003).

### **Economic Development and Family Self-Sufficiency**

PIDP networks also work to improve family economic conditions, weaving financial and economic development strategies into their approaches to preventing child maltreatment. The networks used a variety of activities including employment preparation and placement, summer youth jobs, support for small business development, classes on financial literacy, and access to GED and employment training classes. The wide variety of activities reflects different focuses, including creating access to capital by utilizing partnerships to generate revenue for residents and neighborhoods, increasing employability, decreasing roadblocks to employment, and increasing financial literacy.

Findings show that these family economic empowerment strategies produced positive results in terms of employment training, job placement, and income supplements across the county. Some families had access to training in financial literacy, budgeting, banking, and credit management; others had access to personal coaching on achieving educational goals, preparing for employment, and developing small businesses. For example, between 2008-2010, the Ask, Seek, Knock (ASK) Family Resource Centers (serving Compton, Watts, and the entire South County area) trained and placed nearly 300 local residents in the workforce. At

the request of local residents, the network also provided access to pro bono legal assistance for over 1,000 participants; these services helped parents navigate the court system, expunge criminal records, and address a broad range of citizenship, housing, adoption, and other legal issues.

Most PIDP networks worked to expand access to Earned Income Tax Credits (EITC) by setting up local tax centers or working through established Volunteer Income Tax Assistance (VITA) sites. PIDP networks in four of the eight areas joined forces to create the Greater LA Economic Alliance, which provided free income tax preparation for individuals with a maximum gross annual income of \$50,000, free workshops on EITC and childcare tax credits, small business tax preparation, and preparation of applications for Individual Taxpayer Identification Numbers. More than \$4.4 million in tax credits were filed for and received by residents in these areas in 2009-2010 alone. The refunds provided an average refund of \$1,062 for participating families. Networks that worked with existing VITA sites engaged an additional 4,315 individuals. About 77% of those surveyed indicated that they expected a refund; the majority were Latino or African-American, and over 55% reported earning less than \$20,000 annually.

### **Changes in Re-Referrals and Reunification for DCFS Families**

Evaluators took an individualized approach to analyzing DCFS data from the Child Welfare Services/Case Management System (CWS/CMS) in different communities, reflecting the local goals and approaches of the networks and their partner DCFS regional offices. Five communities were selected for analysis, representing the five Service Planning Areas where PIDP networks served the largest number of DCFS families. Working with local DCFS and network leaders, evaluators identified the most appropriate samples and methods for establishing comparison groups using random sampling. Evaluators worked with administrators in local offices to identify people served by the PIDP network and to describe referral criteria accurately so that DCFS staff could randomly select appropriate CWS/CMS records for comparison. Results for PIDP families were compared with those of randomly selected local comparison groups designed to match program conditions and referral criteria. Statistical significance was determined using two-sample test of proportions. In all cases, an alpha level at .05, one-tailed, was employed. Findings for the five communities were as follows.

**Lancaster (SPA 1).** Analysis focused on re-referrals to the DCFS Hotline for 40 families served by PIDP in comparison with a group of 70 other Lancaster families receiving the same kind of DCFS Emergency

Response services during the same time period. The comparison group was randomly selected and matched on referral year and disposition of allegations, but evaluators were unable to match families on their specific need for concrete supports, a primary reason for referral to the SPA 1 PIDP network. Analysis focused on subsequent re-referrals during the program period (between June 2008 and July 2010). While 23% (n=9) of PIDP families were re-referred to DCFS during the study period versus 31% (n=22) of the comparison group, this difference was not statistically significant ( $z=1.00$ ). For the purposes of this analysis, a "re-referral" to DCFS meant any call to the hotline deemed serious enough to require an in-person visit; thus, hotline calls that were "evaluated out" or eliminated from follow-up were not included.

Although the numbers were quite small, the percentage of substantiated dispositions for subsequent allegations was higher for the PIDP group than for comparison families: 56% (n=5) of the PIDP families and 27% (n=6) of the comparison group. This difference was not statistically significant ( $z=2.23$ ). This suggests that, having tried a supportive prevention-oriented approach, Children's Social Workers (CSWs) in the DCFS office may have weighed subsequent allegations more strongly, received more information from the PIDP network, had additional information on family circumstances that went well beyond the concrete needs presented by the family initially, or identified more challenging problems through re-referral.

**San Fernando Valley (SPA 2).** Analysis of CWS/CMS data in this area focused on 38 DCFS families receiving DCFS Emergency Response (ER) services; these families were also served by PIDP in three target zip code communities selected by the DCFS regional offices.<sup>5</sup> Managers in the three DCFS offices serving this area suggested that CSWs tended to refer families with less serious circumstances as well as very seriously troubled ER families because they trusted that the PIDP network could deal effectively with the full range of family problems. The network lead agency was known as going "above and beyond" to assure that families received appropriate services. The subgroup that was ultimately included in this analysis included 38 families; screening by DCFS administrators excluded 15 families with extremely serious problems from the original group of 53 families identified as having been referred to PIDP. The PIDP families were being investigated by DCFS at the time of referral and had at least one prior referral within 12 months; they did not have serious and sustained problems (e.g., histories of domestic violence or violent criminal

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<sup>5</sup>Pacoima, North Hills, and Van Nuys

charges) and thus might benefit from approaches that could prevent re-referral. A comparison group of 100 families, selected by thirds from each of the target zip codes, included a similar group of families under investigation by DCFS with at least one prior referral within 12 months. Findings showed no statistical difference between PIDP and comparison group families ( $z=.533$ ). Both groups had similar proportions of re-referral to DCFS—32% of PIDP families ( $n=12$ ) versus 27% of the comparison group ( $n=27$ ).

Similarly, there was no significant difference in substantiation for the very small group of families who had subsequent allegations. One third (33%, 4 out of 12) of subsequent allegations were substantiated for the PIDP group versus 15% (4 out of 27) for the comparison group ( $z=1.32$ ). DCFS opened cases on all four of the substantiated referrals from the PIDP group but only one of the substantiated referrals in the comparison group, again suggesting that CSWs may have reacted differently when families had been served by PIDP. Managers in the three offices suggested that whether subsequent referrals were from mandated reporters in the PIDP network or from others outside the network, CSWs tended to turn to PIDP staff for further information when another referral came in, since they trusted their observations and the quality of services provided and since they knew that network agencies would continue to be involved in the family's life. This suggests that the prevention approach taken in SPA 2 may enhance the safety of children because "another set of eyes" is available to support caseworkers dealing with repeat referrals of families in high-need areas.

**San Gabriel Valley (SPA 3).** Analysis of CWS/CMS data in Pomona and El Monte focused on reunification and case closure for a total of 110 DCFS children whose families received PIDP services; this included 67 DCFS children who were in out-of-home placement and 43 DCFS children who received Family Maintenance services from DCFS while remaining at home. Statistically significant differences were found for the Family Reunification group but not for the Family Maintenance group. This network used a case management model co-developed with DCFS to address the disproportionate numbers of African American and Latino families coming to its attention. The group identified specific neighborhoods with high numbers of DCFS referrals and open cases and disproportional representation of families of color. The model includes a four-person team with a case manager, a mental health clinician, a parent advocate (a life-trained paraprofessional who has successfully navigated the DCFS system), and a cultural broker (a culturally and linguistically appropriate person who assists families in navigating the protective

services system). In addition, the cultural brokers were available to attend Team Decision Making meetings when CSWs believed they could be helpful; in 2009-2010, the SPA 3 PIDP network reported that PIDP cultural brokers attended 200 of these meetings in the El Monte (n=86) and Pomona (n=114) regional offices. The network also referred families to social networking groups provided by Parents Anonymous and a broad range of services provided by other network partners. The randomly selected comparison group from the same time frame and geographic areas included 200 cases, equally divided between Family Maintenance and Family Reunification cases.

Findings show that a significantly higher percent of PIDP children left the foster care system; 81% (n=54) of PIDP children left care versus 58% (n=58) of the comparison group ( $p<.05$ ,  $Z=2.93$ ). A higher percentage of PIDP children experienced positive "permanency exits" of reunification, adoption or guardianship than those in the comparison group—67% (n=45) of PIDP children versus 54% of comparison cases (n=54)—but this difference was not statistically significant ( $z=1.70$ ). The difference between case closures for PIDP children with Family Maintenance cases (91%, n=39) versus the comparison group (80%, n=80) was not statistically significant ( $z=1.57$ ). More information on the specific approach used in this region is available in a 2012 paper by Lorthridge, McCroskey, Pecora, Chambers, and Fatemi.

**Compton (SPA 6).** Analysis in South Los Angeles focused on outcomes for 180 DCFS families served by the Compton Ask Seek Knock (ASK) Center, one of four such family resource centers developed by the network. Most of the families referred by DCFS were being investigated by Emergency Response social workers (n=130), while an additional 50 families had children with open Family Maintenance or Family Reunification cases. Between them, the 50 families had 120 children with open cases, including 31 cases where children were in out-of-home placement. The ASK Centers are open to all families regardless of income, residency, or DCFS status, providing a safe place where families can work with trusted "navigators" to find resources from a database of over 1500 local resources. ASK Centers also provide education, employment training, pro bono legal services, and a wide range of social networking opportunities.

In the first analysis, the 130 Emergency Response families included 109 new referrals and 21 re-referrals on existing open cases. A comparison group of 150 Compton families was randomly selected to match these proportions weighted by referral year and allegation disposition. Results show that families receiving PIDP services were

significantly less likely to be re-referred to DCFS compared with the randomly selected comparison group—12% (n=15) of PIDP families versus 23% (n=34) of the comparison group. This difference was statistically significant ( $p < .05$ ,  $Z = 2.22$ ).

In the second analysis, the PIDP group of 31 foster children with open cases whose families took advantage of ASK Centers were compared with a randomly selected group of 50 similar foster children from Compton. Findings showed no significant differences between the two groups in the percentage of children who exited from foster care during the study period—52% (n=16) of the PIDP group versus 48% (n=24) of the comparison group ( $z = .316$ ). However, there was a significant difference between the PIDP children and those in the comparison group—100% of the PIDP children left foster care for “permanency exits” of reunification, adoption, or guardianship, compared with 83% of the comparison group ( $p < .05$ ,  $Z = 2.11$ ).

**Torrance and Lakewood (SPAs 7 & 8).** Analysis focused on reunification for families using the two faith-based Family Visitation Centers established through collaboration between DCFS, PIDP, and two local churches. Although the primary focus of the PIDP network in this area is on relationship-based community organizing as described earlier, the networks responded to the request of local DCFS regional administrators to help them develop a visitation model that would involve local faith-based congregations in supervising and monitoring visits between parents and children. Since this network helped to develop faith-based Family Visitation Centers, a model of particular interest to DCFS, analysis focused on records of Family Reunification cases referred by the two DCFS offices in the area, a total sample of 79 cases. The randomly selected comparison group of 100 cases was matched on geography, children in out-of-home foster care, families having had at least one supervised visit in a DCFS office, and worker indication of need for monitored family visits (there were long waiting lists for the faith-based Family Visitation Centers during this time frame).

Findings showed significant differences between children served by the faith-based Family Visitation Centers (n=79) and the comparison group (n=100). Seventy-one percent of the PIDP sample (n=56) left foster care during the study period versus 55% (n=55) of the comparison group. For the PIDP group, 69% (n=55) experienced “permanency exits,” 1% (n=1) had a less positive exit, and 29% (n=23) were still in care. For the comparison group, 50% (n=50) experienced “permanency exits,” 5% (n=5) had less positive exits, and 45% (n=45) were still in care. The PIDP children were significantly more likely to leave the foster care system

( $p < .05$ ,  $Z = 2.04$ ) and more likely to have positive “permanency exits” ( $p < .05$ ,  $Z = 2.41$ ). Children whose families were unable to take advantage of the Family Visitation Centers were significantly less likely to exit the foster care system ( $p < .05$ ,  $Z = 2.04$ ).

This pattern of positive findings across outcome areas and across communities supported positive perceptions gained through informal observations of PIDP (Edgar, 2009). Evaluation findings helped to persuade the L.A. County Board of Supervisors and the public child welfare agency to continue support for PIDP. The demonstration project, which was initially approved for four years, has been extended more than six (at least through June 30, 2013, and the lessons learned in this effort are being used to redesign contracts for a broad range of community-based services supported by DCFS.

### **Implications and Conclusions**

The pattern of positive evaluation findings also document promising directions for community-based partnerships that include public child welfare as one of the key players in developing an effective continuum of *health promotion, universal, selected, and indicated* prevention services. These findings support the vision initially embraced by Los Angeles County and the PIDP planning group—that child welfare could play an important role, working collaboratively with other public agencies and local funders to support community-level systems change and developing ongoing partnership networks, including community-based agencies and faith-based and grassroots groups working with families and youth to prevent child abuse and neglect. Implementation of PIDP required leaders in L.A. County government to step outside of their comfort zones, looking beyond traditional methods of delivering services to active clients. They invested in community-based networks that could play multiple roles in poor communities – improving capacity and supports for all families as well as serving a broad range of families already known to the child welfare system. These leaders deserve substantial credit for going beyond service as usual, encouraging new ideas about preventing child maltreatment, and working with leading community organizations to invest in communities.

PIDP differs from many prevention-oriented programs supported by public child welfare agencies in that it does not limit family-centered services to a specific counseling, parent education, or home visiting intervention approach that focuses primarily on alleviating risks or resolving problems within the family. In fact, this prevention initiative was not designed to fund direct service delivery, but instead PIDP dollars

represent “glue money” that can knit together funding from multiple sources, thereby increasing access to the full range of existing services, supports, and activities that could benefit families and children. This framework allowed experienced community based organization leaders to use resources more creatively, spanning funding silos that limit flexibility both within their own agencies (an often unforeseen result of contracts from multiple funding streams), as well as creating networks and partnerships with other organizations that serve the same communities. In the long run, it makes more sense to organize the capacity that already exists in local communities rather than duplicating capacity by assembling a wide range of services under a single agency umbrella, but categorical funding streams seldom consider the long run.

By not limiting access to the full range of activities available based on a family's status with the child protective services system, PIDP was also able to call on a much broader range of community stakeholders. How often do we think about banks, arts groups, employers, churches, and libraries as active participants in preventing child abuse? Yet these and many other “unlikely suspects” were and are members of L.A.'s prevention networks.<sup>6</sup> The breadth of the PIDP vision means that the networks cast a broad net to search for potential network members. Stakeholders were not limited to community-based organizations, and perhaps most importantly, family interests were not assumed to be limited to alleviating risks or problems. There was room to explore all of the protective factors that might help families nurture and support their children. Focusing on all five protective factors—parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and children's social and emotional development—broadens participation to almost anyone interested in families and communities. And it also means that child and family well-being is a core element of the mission, as important as protecting child safety and assuring permanency.

When a broad community-level goal such as preventing child abuse and neglect is the desired result, the experience of the PIDP networks suggests that we need to revisit the example of the settlement houses,

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<sup>6</sup>Examples of participants in the eight PIDP networks include: Kinder Music, Antelope Valley Reentry Coalition, Unusual Suspects Theatre Company, Clearpoint Financial Solutions, U. S. Census, Los Angeles County Commission on Human Relations, Westland Mobile Home Park Community Center, Community Financial Resources Center, Big Time Telephone Services, Southeast and Quantum Community Development Corporations, and the Southern California Indian Center. For more information and profiles of PIDP networks, see Casey Family Programs (2010), volume two.



supplementing our reliance on case management, investigation, and delivery of clinical intervention services with community-based networks, family strengthening, support, and concrete assistance in times of need (Bowie, 2011; Schorr & Marchand, 2007). Just as the thinking of reformers at the beginning of the twentieth century was shaped by social and economic turmoil, our thinking today needs to be based on understanding that global economic patterns affect the daily lives of families in every community, making it even harder to nurture and care for our families. PIDP demonstrates that public child welfare agencies can make a significant contribution to preventing child abuse and neglect, as well as preventing recurrence of maltreatment for families who are already involved with the child welfare system, but our vision of the possibilities for family-centered services needs to incorporate our roots in both the clinical services provided by the Charity Organization Societies *and* the support for families provided by the settlement houses. PIDP offers a promising model for how the two traditions can be combined into a new approach to family-centered services for the 21<sup>st</sup> century.

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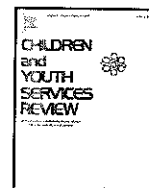
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## Strategies for improving child welfare services for families of color: First findings of a community-based initiative in Los Angeles

Jaymie Lorthridge <sup>a,\*</sup>, Jacquelyn McCroskey <sup>b</sup>, Peter J. Pecora <sup>c,d</sup>, Ruth Chambers <sup>e</sup>, Maryam Fatemi <sup>f</sup>

<sup>a</sup> School of Social Work, University of Southern California, Montgomery Ross Fisher Building, Los Angeles, CA 90089-0411, United States

<sup>b</sup> School of Social Work, University of Southern California, Montgomery Ross Fisher Building, Los Angeles, CA 90089-0411, United States

<sup>c</sup> Casey Family Programs, 2001 8th Avenue North, Suite 2700, Seattle, WA 98121, United States

<sup>d</sup> School of Social Work, University of Washington, 4101 15th Avenue NE, 354900, Seattle, WA 98105-6299, United States

<sup>e</sup> School of Social Work, California State University Long Beach, 1250 Bellflower Boulevard, Social Sciences/Public Administration Building (SSPA) 131, Long Beach, CA 90840, United States

<sup>f</sup> Los Angeles County Department of Children and Family Services, 425 Shatto Place, Los Angeles, CA 90020, United States

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### ABSTRACT

A disproportionate number of families served in child welfare are families of color. But relatively few strategies for helping families of color have been monitored for their impact. This article reports early findings from a Los Angeles County based public child welfare office that has continuously developed, tracked, and has now begun to assess strategies supporting preservation and reunification of families of color. Some promising trends revealed by a four year data period include the reduction of number of African-American children within the caseload, reductions in substantiated referrals and removals. The most recently developed strategy, which uses specialized four person case management teams, was evaluated through the use of a comparison group. Public agency data revealed that families served by the team, compared with families served through customary agency services, had improved outcomes, including a higher percentage of cases closed with the child remaining in the home, and greater permanency exits from foster care. Additionally the data revealed that the case management team developed to mitigate disproportionality among African-American families also improved outcomes for Hispanic/Latino families.

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## 1. Introduction

### 1.1. National public child welfare services and children of color

Approximately 3.3 million alleged maltreatment referrals were reported to U.S. child welfare agencies in 2009 with 702,000 confirmed victims and on any given day approximately 424,000 victims were placed out of their homes in foster and kin care settings (United States Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2010a, 2010b). Many of those children served were children of color. Children of color (including those classified as Hispanic of any race and excluding those whose exact racial background was not known) accounted for 44% of the U.S. child population in 2009 and made up 53% of all children in foster care as of July 2010 (Annie E. Casey Foundation, 2010; USDHHS, 2010b).

African-American (non-Hispanic) children comprised 30% (127,821) of the foster care population in 2009, yet only 14% of the U.S. child

population (USDHHS, 2010b). Thus African-American children were overrepresented in the child welfare system, particularly in foster care, at a rate of a little over 2 to 1. This means twice as many African-American children were in foster care than their proportionate numbers in the general population would suggest. In comparison, some groups are underrepresented in the child welfare system. Non-Hispanic White children comprised 40% (167,235) of the foster care population yet comprise 55% of the U.S. child population. Depending on the community and child welfare service stages being examined Hispanic/Latino children have been found to be slightly underrepresented and overrepresented in the child welfare system (United States Government Accountability Office—GAO, 2007). Nationally Latino and Hispanic (of any race) children comprised 20% (86,581) of the children in foster care, and 22% of the U.S. child population in 2009 (USDHHS, 2010b). Previously, the percentage of Latino children in foster care entries was one and one-half times greater than the percentage of the Latino child population in five states (USDHHS, 2007).

Child welfare agencies are utilizing the term disproportionality to describe the overrepresentation of some children of color in the child welfare system, relative to their proportions in the general population (Fluke, Jones-Harden, Jenkins, & Ruehrdanz, 2011; Hill, 2006). Alarmed by what appear to be substantial levels of racial disproportionality, agencies and stakeholders, such as researchers, funders and community

\* Corresponding author. Tel.: +1 714 213 6444; fax: + 714 670 6446.  
E-mail address: [lorthrid@gmail.com](mailto:lorthrid@gmail.com) (J. Lorthridge).

leaders are searching for contributing factors and are then developing strategies to mitigate the factors. But the situation is complex, with research identifying multiple etiologies and decision points as contributing factors and outcomes varying by subgroup and geography. On one hand, findings from national studies (National Incidence Studies, NIS-2 and NIS-3, Sedlak & Broadhurst, 1996; Westat, 1987) have been interpreted by some child welfare advocates and researchers as demonstrating that disproportionality does exist, with regard to maltreatment allegations, and is attributable to systemic biases. Within child welfare services, there has been some evidence of unjust, unnecessary, or unequal treatment resulting from biased decision-making, institutional racism and other related factors, which affect quality, access, and utilization of services, or create disparities (Fluke et al., 2011; GAO, 2007; Wulczyn, 2008):

Disparity means unequal treatment when comparing a racial or ethnic minority to a non-minority. This can be observed in many forms including decision points (e.g., reporting, investigation, substantiation, foster care placement, and exit), treatment, services, or resources (Hill, 2006, p. 3).

However some interpretations of the NIS-4 study, the most recent iteration, challenge the systemic bias assumption due to the finding that African-American children had significantly higher rates of maltreatment (Sedlak, McPherson, & Das, 2010). The finding is leading some stakeholders to attribute disproportionality to life conditions experienced by African-Americans (Drake et al., 2011). Hispanic children had rates comparable to White children, and American Indian rates were not reported in the NIS-4 (Sedlak, McPherson, & Das, 2010).

New evidence showing that African-American children have higher odds of poverty as well as higher rates of maltreatment supports the life conditions hypothesis and questions the prior assumption of some in the field that racial differences in rates of referrals and substantiations in and of themselves are problematic (Drake et al., 2011). There is also evidence that children of color experience differential treatment once in foster care, another potential area of bias. The Multistate Data Archive, whose holdings are analyzed and made available by Chapin Hall, has captured differential experiences in foster care. In some communities, African-American children exit to reunification and to adoption more slowly than White children, though overall adoptions are the lengthiest exits due to administrative processing (Wulczyn, Hislop, & Chen, 2007). Then there is recent work showcasing how in certain communities African-American children had *better* permanency and other outcomes (Wulczyn, 2011). Findings vary across counties within archive states, and likely vary across other states and counties. As mentioned above, at least one-third of African American children in the Chapin Hall study actually reunify or adopt *more* quickly than their White counterparts (Wulczyn & Lery, 2007). What is clear is that the clearest assessment of experiences features analyzed at the county and state level, not at the level of national aggregation (Wulczyn, 2011).

This article reports early findings from a Los Angeles County community where the public child welfare agency and the community collaborated to pinpoint factors contributing to racial disparities, and then developed and implemented mitigation strategies. Data related to the outcomes of the most recent strategy, the Prevention Initiative Demonstration Project, are presented. Presentation of strategies and nascent, largely descriptive, findings are meant to further the dialog on disproportionality by presenting the first effort, that the authors are aware of, a public agency taking a multi-pronged approach to reducing disproportionality.

## 1.2. Risk factors contributing to disproportional representation of children of color in the child welfare system

While professionals have yet to agree on the appropriate representation of any group in the child welfare system both early reports (e.g., Everett & McRoy, 2004; Roberts, 2002) and recent literature

reviews (e.g., Fluke et al., 2011) outline a comprehensive view of the disproportionality situation and contributed to stakeholder, from the focal child welfare agency, understanding. The best knowledge available on disproportionality points to multi-level factors which overlap and have differential impact depending on the community and child welfare agency providing services. The factors include: (1) parent and family risk factors; (2) community risk factors; and (3) organizational and systemic factors (Drake et al., 2011; McCrory, Ayers-Lopez, & Green, 2006; National Association of Public Welfare Administrators, 2006; USDHHS, 2003).

### 1.2.1. Parent and family risk factors

Overrepresentation of children of color, particularly African-American children, in the child welfare system is correlated with disproportionate need. Families of color are more likely to encounter risk factors, such as unemployment and underemployment, teen parenthood, poverty, substance abuse, health problems, incarceration and domestic violence that result in high levels of reported and/or actual child maltreatment (Barth, 2005; Chaffin, Kelleher, & Hollenberg, 1996; Fluke et al., 2011; Sedlak, McPherson, & Das, 2010; Sedlak et al., 2010; Walker, Zangrillo, & Smith, 1994; Wells & Tracy, 1996). Most children of color are placed in out of home care because of neglect (GAO, 2007). Until many of those risk factors are reduced, disproportionality among children of color can be expected to continue.

### 1.2.2. Community risk factors

Overrepresentation also occurs among groups residing in communities that have many risk factors, such as high levels of poverty, crime, unemployment, and inadequate health and mental health services, housing, child care and adult supervision (Coulton & Pandey, 1992; Drake & Pandey, 1990; Garbarino & Sherman, 1980). These communities receive more surveillance from law enforcement and other public authorities, yet the surveillance does not necessarily result in environmental improvements.

**1.2.2.1. Organizational and systemic factors.** Racial overrepresentation is more likely to occur in the presence of disparate services (Everett & McRoy, 2004; Morton, 1999; Roberts, 2002). Unjust, unnecessary, or unequal treatment resulting from biased decision-making and institutional racism produces racially disparate services wherein quality, access and utilization differ among clients according to racial background (Wulczyn, Hislop & Chen, 2007). A common form of racially disparate services is failure to provide services in needed languages (Appell, 2007). Also the appropriate types of services may not be provided. Analysis of nationwide data found that African-American youth were less likely to receive mental health services (Burns et al., 2004). The different stages of the child welfare decision-making process compound the impact of organizational and systemic factors on disproportionality. Race has been found to be an important factor in making reports to child protective services hotlines (Fluke et al., 2011). Studies have also shown that child maltreatment is more likely to be substantiated/indicated when families of color are investigated than when they are White, suggesting that over-reporting is not corrected during the investigative process (Fluke, Yuan, Hedderson, & Curtis, 2003). Further race is an important factor that affects the decision to place a child in foster care, contributes to length of stay, and may be affecting types of services provided while in care (Hill, 2006; Kirk & Griffith, 2008; Wulczyn, Lery & Chen, 2007).

Some research also shows that foster families of color, when compared with White families, are visited less often, are in less communication by phone with child welfare workers, and receive fewer services. Among kinship care foster parents in several studies, who were largely parents of color, there were reports of fewer hours of contact between social workers and placed children versus non-kinship care foster care parents (Berrick, Barth, & Needell, 1994; Courtney et al., 1996; Geen, 2003). Finally race may impact some decisions regarding reunification

and adoption. In certain communities, African-American children are less likely than children of other races to be reunited with their families and they have longer waits to be adopted (Ards & Harrell, 1993; Barth, Miller, Green, & Baumgartner, 2002; Wulczyn, 2011).

Efforts attempting to address parent and family, community and organizational and systemic risk factors for disproportionality are often executed separately, leaving multiplicative influences unexamined. Ultimately, all children live in families; families live in communities impacted by the organizations they are served by, and the organizations produce services guided by policies. The disproportionality mitigation model created by a Los Angeles County community in partnership with their local child welfare agency utilizes strategies targeting risk factors at multiple levels.

## 2. Service reform methods

### 2.1. Methods for improving services for families of color

This article focuses on efforts made to address racial disparities through a focus on improving services for families of color. Beginning in 2004, in one of the 18 Los Angeles County Department of Children and Family Services (DCFS) offices, then DCFS Director, Dr. David Sanders, and the Pomona office Regional Administrator, Maryam Fatemi, along with the office staff coordinated efforts and aligned opportunities in order to address multiple aspects of disproportionality. In partnership with the local community, DCFS identified multi-level risk factors described earlier, developed and implemented plans to neutralize the risk factors.

In Pomona, racial disparities were most apparent among the African-American population. In 2004 African-Americans were approximately 6% of the population but were considerably overrepresented in most data reporting categories (Ploehn, Fatemi, & Byers, 2010). African-American children represented 14% (575) of the 4163 referrals, 13% (127) of the 997 substantiated or indicated allegations of maltreatment, and 18% of the 242 removals. In 2005, though the regional African-American population did not grow African-American children represented the largest percentage of group home placements (38% of 109 placements) and had the highest median days in care by a wide margin (3584 versus 930 for the next highest median).

The main reform strategies are listed below and will be described next:

- a. Family to Family
- b. Review of key data
- c. Racial disparity training for leaders and staff
- d. Youth Permanency Unit
- e. "Think tank days" and action teams.
- f. Peer learning
- g. Prevention Initiative Demonstration Project (PIDP)

#### 2.1.1. Family to Family

The Pomona DCFS office partnered with the Annie E. Casey foundation and implemented the Family-to-Family practice model. This approach hypothesizes that successful outcomes for families are facilitated by a focus on child safety, family well-being and community partnerships with service providers, local organizations and private citizens. It also emphasizes the reduction of disparate behaviors associated with overrepresentation related to race/ethnicity, gender, or age for safety, permanency and child well-being outcomes. Four strategies were implemented: (1) find and maintain foster and kinship families who can support children and families in their own neighborhoods; (2) build community partnerships to better link families with services; (3) provide Team Decision Making (TDM) meetings; and (4) create self-evaluation tools utilizing family outcome data that allow DCFS staff, community members, service providers, and local organizations to identify areas of progress and change.

During the implementation of the self-evaluation strategy, the Pomona Community Council examined DCFS child outcome data which included demographic information at each decision point in the child welfare process: referrals to the Child Protection Hotline, investigations, child removal, etc. This approach allowed the committee members to have a starting point: "It is easier to start with the data and ask folks, this is what the data tell us, what do you think the causes are? What can we do as a team to address these outcomes?" (Administrator). This analysis revealed racial disparities in permanency experiences and outcomes, especially for African-American children who were found to be disproportionately removed from their homes, placed in group home situations, and who remained in care for longer periods of time. Discussion about possible causes for this disparity was also generated and included organizational risk factors such as racial bias, systemic racism, and service delivery concerns. Participants highlighted the importance of dealing with parent and family issues related to child maltreatment and placement, such as substance abuse as well as emotional and behavioral disorders. Lastly, difficulties in access to services in the community were explored.

The ability to review data with community groups was seen as a key starting point for DCFS staff members in having conversations about racial disparity. Administrators were able to understand how these numbers impacted families and the community: "I think the community was the first to recognize that the data were terribly wrong. We look at the data and we are so used to seeing it, that we can't really identify the problems; we had not looked at it from a community perspective." These meetings also demonstrated that a multi-faceted approach was needed; interventions were required at all levels: parent/family, community, and the child welfare office.

As a result of these meetings, and with the support and leadership of DCFS managers and supervisors from within the office and those overseeing the operating region, commitment to working on disproportionality with the community, staff members and service providers was secured. This resolution has led to a number of innovative practices such as diversity training for stakeholders, creation of a Youth Permanency Unit, and provision of focused opportunities for continuing conversations between DCFS staff and community representatives. The community has also established a leadership role and willingly engages in dialogs with DCFS, participates in crafting solutions, and holds DCFS accountable for reducing racial disproportionality. Listed below are examples of innovative strategies that the Pomona office has implemented.

#### 2.1.2. Racial disparity training opportunities

Training on examining the causes and means of eradicating racial disproportionality and disparity for staff members, community residents, service providers and resource families began to be provided in 2006. Initially, trainings were provided by the Inter-University Consortium (a coalition of six graduate schools of social work serving LA County and DCFS) and the Annie E. Casey Foundation (AECF). Trainings featured dialog as well as exercises on various topics such as bias, stereotypes, and cultural misunderstandings. Data on family outcomes such as the number of children in group home care, length of stay, and child maltreatment referral statistics (information on who was reporting, where the reports were coming from, etc.) were also provided to the participants.

Administrators acknowledged that at times, facilitating conversations with their staff about issues related to racial disparity, disproportionality and current practices was quite challenging and took courage. One key theme expressed by supervisors and caseworkers from different ethnic groups was the notion that professionals could be "color blind"; individuals could deliberately avoid privileging any one race over others to ensure equality. An administrator commented:

"...there was a lot of and continues to be push back from staff. They said that they are color blind. They treat all the children

the same way and, they are doing the best that they can and they could not really give an answer why the data was what it was.”

Different strategies were used to assist staff in gaining a deeper understanding of these issues and its impact on service delivery. Administrators and supervisors were honest and direct with staff about racial disparity; they brainstormed with staff about why the outcome data illustrated racial disproportionality in terms of permanency experiences and outcomes. “We just had honest and courageous conversations with them, and asked them to pay attention to personal biases, systemic biases, and to ask ourselves, are we really making our decisions based on fact?” (Administrator). These trainings also enhanced staff and community understanding that racial disparity is not a single cause issue. That is, in order to eliminate unnecessary racial disparity, interventions that target parental, family, community and organizational and systemic risk factors are required.

#### 2.1.3. Youth Permanency Unit

A Youth Permanency Unit was created in 2007 to focus on the permanency needs of older youth who have had psychiatric hospitalizations, chronic or heavy drug abuse, have no or limited family connections, a history of running away and/or multiple replacements. The Youth Permanency Unit assists youth with creating life-long connections to adults who can be a future resource for them. The Pomona office welcomed this specialized service as a means to achieve better outcomes for African-American youth residing in group homes and also those without significant adult figures in their lives. The unit included one supervisor and six caseworkers. Reduced caseloads (a maximum of 15 children), provided workers with an opportunity to devote more time to develop relationships with youth and locate birth parents and/or kin for the purposes of reunification, adoption and/or legal guardianship. Due to the lower caseloads, social workers gained a deeper understanding of the parent and family risk factors preventing reunification. This in turn enabled them to provide more targeted resources that better fit the families’ needs. Qualitative and quantitative monitoring outcomes indicate that the unit has facilitated positive movement: “It is really amazing, we have been able to reinstate parental rights, finalize adoptions and/or legal guardianship for more youth” (Administrator). Over the past few years, out of the 67 youth served that were in group home placements 62 youth moved to lower levels of care.

#### 2.1.4. Think tank day, new training curricula and action teams

Another key strategy implemented in 2008 to reduce racial disproportionality was a “think tank” day. Led by AECF consultants, a group of DCFS caseworkers, supervisors, and community partners reviewed permanency outcome data, identified points of disparity, discussed possible causes, and brainstormed strategies that could address areas of differential treatment. As a result, two key outcomes were achieved. The first one was that the DCFS Training Section agreed to develop its own training curriculum on Eliminating Racial Disproportionality and Disparity (ERDD) for county-wide implementation in non-Family to Family anchor offices, and to work collaboratively with AECF technical staff members. Next, an Eliminating Racial Disproportionality and Disparity (ERDD) action team was developed. Members meet monthly to develop action items and small tests of change to improve practice related to ERDD. The following is a list of a few projects that were implemented by the action team and include strategies that target parent, family, community and organizational and systemic risk factors.

**Youth Support Group:** These groups provide support and serve as a mechanism to assist DCFS in identifying policy-related issues that negatively impact these youth and collaboratively work together to make necessary changes.

**Cultural Broker Advocacy for families at Team Decision-Making meetings (TDMs):** A representative from the respective cultural

group, known as a “cultural broker” participates in the TDMs for both African-American and Latino families. Cultural brokers are community members who ideally are from the same culture as the birth family. They help families understand the culture and expectations of DCFS, communicate the strengths of the family and their community(ies) of origin, and when possible, prevent unnecessary removal of children that can occur as a result of cultural misunderstanding (Jezewski & Sotnik, 2001). Cultural brokers first came to the attention of Pomona stakeholders when they learned of their use in Fresno and Contra Costa counties, two jurisdictions also determined to mitigate disproportionality. The cultural broker ensures that services and necessary supports are offered in a manner consistent with cultural needs and departmental mission, policies are being followed, and families are treated with respect and fairness. For example, cultural brokers negotiate with DCFS social workers to provide more services and support systems to families instead of placement as the only option. As one supervisor noted, “they [cultural brokers] really became the leaders in the office to talk to other folks, to sit in TDMs to make sure that the perspective of the parents, the perspective of the community was represented in the TDMs and other meetings as well.”

**Case Record Reviews:** On a monthly basis, the Pomona office holds case conferences on African-American families. Supervisors and caseworkers are required to present cases to administration and community service providers for consultation and connection to local resources. During the review, each case is examined for permanency options, services, etc. The case review committee is comprised of DCFS staff, a Department of Mental Health representative, and parent and youth advocates. In addition, one unit in the Pomona office requires caseworkers to discuss progress toward achieving permanency for African-American families in their unit meetings.

These three approaches target family and organizational risk factors by ensuring that families get timely access to services and are treated fairly in the decision-making process. These mechanisms also provide an opportunity for caseworkers to brainstorm ideas about their cases and get valuable feedback from different stakeholder groups.

#### 2.1.5. Peer learning

The last strategy is the idea of “Peer learning.” This approach keeps the conversation on racial disparities going by reaching out and engaging different stakeholder groups such as court judges, other county agencies (e.g., Departments of Mental Health, Public Social Services and Probation), community action agencies, policy experts, parents, caregivers, former foster youth, and legislators. This type of dialog accomplishes three things: (1) increases awareness of racial disparity; (2) addresses parent, family and organizational and systemic risk factors; and (3) results in new strategies, ideas, and programs to reduce ethnic disparities. Listed below are examples of specific peer learning activities that DCFS has implemented.

**Learning Organization Group:** In February, 2008, then DCFS Director Patricia S. Ploehn launched a Learning Organization Group (LOG) on ERDD involving Juvenile Court Presiding Judge Michael Nash and other public agency leaders to assist in reshaping policy, practice and training pertaining to the issue of racial disproportionality and disparity. As a result, former Director Ploehn and Judge Nash, in collaboration with other public and private agency partners and stakeholders, formed the Los Angeles Policy Workgroup on Disproportionality and Disparities in Child Welfare.

**Breakthrough Series Collaborative (BSC) on Risk and Safety:** In April 2008, the Pomona office began its involvement in a Breakthrough Series on Risk and Safety. Increased learning in this topic allowed Pomona staff and community partners to identify misinterpretations of risk in every-day practice and child abuse assessments. The BSC team has come up with ways to assist DCFS staff to clearly



understand risk and safety definitions and the implications of their misuse in terms of racial disproportionality.

**California Disproportionality Project:** In September, 2008, the Pomona office began participation in the California Disproportionality Project, a statewide collaboration between Casey Family Programs, the Annie E. Casey Foundation, and the California Department of Social Services to support the work of California counties and the state in eliminating racial disproportionality and disparity in the child welfare system. The Pomona team included administrators, a supervisor, caseworker, birth-parent partner, youth representative, community partner and a hearing officer from the dependency court. The aim of this project was to get exposure from other counties that have done work in this area, exchange ideas and talk about what types of results were achieved.

This summary of historical efforts targeting racial disparity illustrates how the Pomona office has developed its responses to disproportionality at multiple levels, in partnership with community-based and grassroots organizations, professional groups and other institutional allies. By problem solving with community members, implementing innovative practices, training staff, and reworking policies and procedures a foundation was built which helped to spread the word to staff in other DCFS Regional Offices that the Pomona office was “on to something in addressing disproportionality.” In addition, this history of consistent focus through several iterations enabled the office to capitalize on the next opportunity for furthering racial disparity work, the Prevention Initiative Demonstration Project (PIDP).

#### 2.1.6. The Prevention Initiative Demonstration Project

When the opportunity came, in 2008, to participate in the Prevention Initiative Demonstration Project (PIDP), DCFS administrators in four local offices (Pomona, Pasadena, El Monte, Glendora) serving the same region, Service Planning Area 3 (SPA 3), decided to further their work on reducing disproportionality. PIDP is a locally funded countywide effort designed to address the full spectrum of child abuse prevention through primary, secondary and tertiary services supported by a network of local child welfare offices, other human service organizations and community representatives. It was thought that PIDP would be helpful in reducing family risk factors and other factors associated with racial disparity because the activities are employed at the parent, family, community, organizational and system levels. PIDP activities support reduction of social isolation, increased economic self-sufficiency, and increased access to community level supports.

PIDP primary prevention efforts focused on families residing in the community; secondary prevention strategies focused on families at risk for experiencing child maltreatment and who had been referred to the Child Protection Hotline; and tertiary prevention interventions focused on families with open DCFS cases. The primary prevention strategies are described in greater details elsewhere (McCroskey et al., 2010). The secondary and tertiary prevention strategies used in Pomona are the focus of this article. Together with community representatives and service providers the office administrators identified specific zip code areas with the highest numbers of referrals and open cases. PIDP activities were focused in these zip codes in order to utilize funds in the most cost-effective manner. Though the initial focus of the PIDP plan was on African-American families, a high number of Hispanic/Latino families were found to reside in the identified zip codes and organizational barriers prevented selection of additional zip codes.

Families already involved with DCFS in these high-need communities were served by three local teams which included a case manager, a mental health clinician, a cultural broker and a parent advocate. The parent advocate is a life-trained paraprofessional who has successfully navigated the DCFS system themselves (McCroskey et al., 2010). Parent advocates provide daily advocacy, leadership, and training for parents

currently receiving DCFS services. In addition to participating in the case management team, the cultural brokers attended a significant number of Team Decision Making meetings for PIDP families, accompanied by the parent advocates. The lead service provider for the PIDP network in SPA 3, reports that during the first year of PIDP, fiscal year 2008–2009, Cultural Brokers participated in 164 TDMs. During fiscal year 2009–2010, Cultural Brokers supported 157 TDMs with a minimum of three follow-up contacts per family. From July 1, 2010 to December 30, 2010, the lead service agency experienced a 50% reduction in the PIDP budget and could only fund one Cultural Broker and one Parent Advocate. During this time, Cultural Brokers supported 87 TDMs with a minimum of three follow-up contacts per family.

The case management team facilitated families involvement in PIDP social networks, opportunities to enhance economic self-sufficiency, and improved access to a range of local services and supports. Research-informed social network and family support groups were sponsored by a nationally known service provider to reduce social isolation. Several activities addressed the economic needs of families, including financial literacy workshops and individual coaching available from the aforementioned service provider. The local service network worked with the Volunteer Income Tax Assistance (VITA) program to provide free tax preparation services for families, helping undocumented residents get taxpayer identification numbers as an initial step toward legal status, and increasing access to Earned Income Tax Credits (EITC). In addition, they helped families get furniture and other concrete benefits through the County's Strengthening Needy Families program funded by American Recovery and Reinvestment Act funds. As an approved partner agency for the Greater Avenues to Independence (GAIN) Transitional Employment Program, the lead PIDP social service agency offered employment training and job placement services. Families were also linked to the Urban League's employment assistance programs at a Work Source Center. These efforts targeting economic sufficiency also coincided with the parent/family and community level disproportionality risk factors related to poverty.

#### 2.2. Method: Tracking and assessing the progress of disparity eliminating strategies

##### 2.2.1. Data collection overview

Both qualitative and quantitative data has been used to track and assess the impact of the disparity eliminating strategies (research approval provided by Institutional Review Boards governing respective Principal Investigators, see McCroskey et al., 2009; 2010). PIDP qualitative data related to the use of case management teams across several offices can be found in other reports (Edgar, 2009; McCroskey et al., 2009; 2010). Quantitative data includes a protective factors survey administered to participants of PIDP related social networking groups throughout the county (see McCroskey et al., 2010 for those findings).

Additional quantitative data, the focus of this article, includes four year trend and comparison group data. Four year trend data was collected and processed by the Pomona DCFS office based on data maintained in the Child Welfare Services/Case Management System (CWS/CMS). The trend data focuses on important markers of disproportionality, identified by Pomona DCFS staff, and include the percent of African-Americans in the service area and African-American children within the caseloads, referred for alleged maltreatment, with substantiated referrals, removed from home and placed in group homes in comparison to all the children served by the agency (see Table 1).

##### 2.2.2. Comparison group data

Comparison group data was pulled from CWS/CMS for a subset of child welfare agency participants served by the case management team. Following Pomona's goal of tertiary prevention (see McCroskey et al., 2009, 2010) the research question for the subset of families referred

**Table 1**

2006–2010 trend data for African-American children served by the Pomona DCFS office.

	2006– 2007	2007– 2008	2008– 2009	2009– 2010
African-American population	6%	6%	6%	6%
Caseload	25.20%	24.30%	21.40%	18.50%**
	542/2147	502/2067	387/1810	337/1824
Referrals	13.40%	13.20%	12.60%	13.60%
	583/4359	595/4504	530/4202	588/4324
Substantiated referrals	17%	11.50%	9.40%	13.70%*
	181/1051	134/1163	83/884	153/1114
Removals	20.50%	15.60%	13.40%	14%*
	73/356	56/358	38/283	51/365
Children in group homes	40.40%	45.70%	29%	41%
	38/94	32/70	16/56	16/39
Median # days in care <sup>a</sup>	2963	2997	2847	2026

\*\*  $p < 0.001$ .\*  $p < 0.05$ .<sup>a</sup> For all African-American children in placement on the last day of the given fiscal year.

to the Child Protection Hotline was whether case management activities were associated with subsequent re-referrals to DCFS. Children's Social Workers were also asked to refer the families of individual children who had open DCFS cases to a variety of services that might be beneficial in maintaining children safely at home and preventing recurrence of abuse or neglect. This might include families of children with open cases who remained at home with their families while receiving Family Maintenance (FM) services and/or families preparing for reunification. Also in keeping with the focus on tertiary prevention, the key research question for the subgroup of reunifying families was whether PIDP activities had contributed to timely, positive and planned "permanency exits" from foster care through reunification, adoption or guardianship. Data elements that might be used to identify individuals or families were handled confidentially, and known only to DCFS and PIDP staff members.

Child welfare office administrators, staff from the community based services network, and evaluators worked closely to identify persons served by PIDP and to assure accurate description of criteria used for referrals to PIDP, so that CWS/CMS records of families and children with open cases would be properly identified, and appropriate criteria would be developed for completing the sampling frame for the comparison group. The final comparison group was randomly selected based on the following matching criteria: open in the Pomona or El Monte service areas during the PIDP time frame and equally divided between Family Maintenance and Family Reunification. The initial lists of DCFS children referred to the case management teams included a total of 172 cases. Some potential comparison and PIDP group cases were excluded because they could not be matched (e.g., case numbers were not available or could not be located) or included missing, duplicate, or inaccurate information. From these, a total of 110 PIDP open SPA 3 cases were matched to CWS/CMS comparison group cases.

The Pomona group included 25 Family Reunification cases and 11 Family Maintenance cases. The neighboring El Monte regional office which also used the case management approach oversaw 42 Family Reunification cases where children were in placement and 32 Family Maintenance cases where children remained at home. Since the samples from both offices were similar, the samples were combined for analysis. The PIDP services combined group, which is the group with data available for analysis, included 67 Family Reunification cases and 43 Family Maintenance cases. Of the cases approximately 10% were Black, 10% Asian and 80% were Latino. It bears repeating that the initial target group of the PIDP case management strategy was African-American families, but organizational issues prohibited additional outreach to African-American families residing outside the pre-selected

zip codes. Though the subsample of African-Americans was smaller than originally planned by the child welfare agency the agency maintains a commitment to addressing disproportionality among the most affected group, African-Americans and moved forward with data collection and analysis based on the commitment. With respect to ethnicity the overwhelmingly Hispanic/Latino comparison group offers perhaps a more appropriate frame of reference for the PIDP African-American sub-sample vs. the usual comparison of children of color to White children. The primary analyses were completed by DCFS Bureau of Information Services and Research Section staff members and identified data was shared with the authors for further analysis.

### 3. Results

#### 3.1. Four year trend data for African-American families served by the Pomona office

Trend data, captured over four years, 2006–2010, reveals that the percentage of African-American children in the agency's caseload has significantly decreased ( $\chi^2 = 26.214$ ,  $p < 0.001$ ) with the highest caseloads in fiscal year 2006–2007 (25.2% or 542 African-American children out of the 2147 in the total caseload) and the lowest caseloads observed in the most current fiscal year (18.5%, see Table 1). CPS referrals of African-American families to DCFS have fluctuated over time somewhat in conjunction with rises and decreases in overall referrals. The percentage of substantiated referrals and removals have significantly decreased over the four years ( $\chi^2 = 5.041$ ,  $p < 0.05$ ,  $\chi^2 = 5.401$ ,  $p < 0.05$ ). Though not significantly, the number of African-American children in group homes initially decreased (38 children in 2006–2007, 32 children in 2007–2008, 16 children in 2008–2009) and then remained constant for the past reporting period (2009–2010). However, the total group home population decreased every reporting period. Finally over the past four years the median number of days African-American children have spent in out-of-home care has steadily decreased from a starting point of 2963 days in fiscal year 2006–2007, to 2026 days in fiscal year 2009–2010, though the decrease was not found to be significant.

#### 3.2. Case management comparison group data

Analysis of the public agency data featuring children served by the Pomona and El Monte offices using the case management team suggests that the PIDP Case Management model has helped to shorten the timeline to permanency for reunification cases (see Table 2 and Fig. 1). A significantly higher percent of children served by PIDP left foster care (through legal permanency or aging out of care) 81% ( $n = 54$ ) versus 58% ( $n = 58$ ) of the comparison group ( $Z = 3.04$ ,  $p < 0.05$ ). While a higher percentage of children served by PIDP, 67% ( $n = 45$ ), experienced legal permanency exits, such as reunification, adoption or guardianship, than those in the comparison group, 54% ( $n = 54$ ), this difference was not statistically significant. Targeted children with Family Maintenance cases served by the case management team were also somewhat more likely to have their cases closed (91%) versus the comparison group (80%), though the difference was not statistically significant.

### 4. Discussion

The purpose of presenting these findings was to provide a first look at strategies addressing multiple etiologies and primary efforts at data collection so that stakeholders considering how to address disproportionality or those engaged in similar efforts who may want to start utilizing administrative data can have further information on how to proceed. Though the trend data was not tied to particular strategies and sample size prohibited breakout of PIDP outcomes for African-Americans taken together the data supports that the efforts of the Pomona DCFS office merit further investigation. There were significant reductions in the proportion of African-American children in

Table 2

PIDP case management team versus non-PIDP cases served 2008–2010.

	PIDP-served children (n = 110)	Comparison group (n = 200)
In placement	67 (61%)	100 (50%)
Legal permanency exits <sup>a</sup>	45 (67%)	54 (54%)
Other exits <sup>b</sup>	9 (13%)	4 (4%)
Still in foster care	13 (19%)	42 (42%)
In home <sup>c</sup>	43 (39%)	100 (50%)
Case closed	39 (91%)	80 (80%)
Case still open	4 (9%)	20 (20%)

<sup>a</sup> A legal permanency exit includes family reunification adoption or legal guardianship.<sup>b</sup> Other exits include aging out of care.<sup>c</sup> In home cases were serviced under Family Maintenance.

the caseload, with substantiated referrals, and those being removed over the four year reporting period. Further PIDP case management team data revealed that a greater proportion of reunifying families served under PIDP experienced foster care exits than families in the comparison group. What is needed now is additional information about the types and dosage levels of PIDP interventions, since the lack of that data in the current study makes it difficult to conclude that these interventions were the only variables that account for the differences in exit levels. As the agency moves forward with its strategies larger samples of African-Americans will be sought and or methods will be identified that can direct new data collection efforts with similar samples so that the positive and significant permanency outcomes found among children served by PIDP can be examined with respect to the experiences of African-American children within the group as compared to an appropriate control group.

This brief description of the multiple layers of activity that have been going on in and around the Pomona DCFS office since 2004 illustrate how goal-directed leadership and community partnerships can align and reinforce efforts that might otherwise be fragmented and at cross-purposes. Multiple change efforts happening at the same time are common in Los Angeles County and other large urban multi-site protective services agencies. Strong leaders in the Pomona office, ready and willing to ally with community partners, have helped to assure that there was a common vision around reducing disparate outcomes for African-American children.

Six years ago the Pomona DCFS office was motivated to tackle racial disproportionality and disparity among African-American families, and they began leveraging funding and opportunities in order to implement innovative practices targeting parent and family, community and organizational and systemic level risk factors. At the parent and family level

youth support groups, Team Decision Making meetings (TDMs), utilization of the case management team, social supports and economic sufficiency activities mitigate risk by strengthening protective factors, as well as by facilitating youth and families' access to services and concrete supports. At a community level, the office engages stakeholders, through the Pomona Community Council meetings, trainings, and data reviews. Community members involved with families may also participate in TDMs. Extensive work has been conducted at the organizational level. Finding and maintaining kin and foster families, conducting self-evaluations, development of a Youth Permanency Unit, ERDD action team and case management team, case record reviews, training, and peer learning are organizational level strategies that have moved the Pomona DCFS office further in its goal of providing fair and equitable services to African-American families. The work focused on African-American families has also been associated with improved outcomes among Hispanic/Latino families, specifically the use of the four person PIDP case management team.

During this time of economic insecurity and disinvestment in social services, the Pomona DCFS stakeholders are to be commended for continuously leveraging every funding source and opportunity available to promote their work on services improvement and reduction of racial disparities. Many of their strategies are based on innovative practice and require staff redeployment or hires, such as the Youth Permanency Unit and case management team. In addition, it is often difficult to maintain innovative practices and additional staff in times of scarce funding. Additional and more rigorous research needs to be conducted to discern whether there are overlapping benefits or limitations to simultaneous utilization of the strategies. In addition, now that some strategies are being used county-wide, what are the place-based implications for implementation and utilization of particular strategies?

The data presented in this article will support further community conversations regarding the value and impact of the work to address racial disparity, but important limitations must be noted. First, there were difficulties in tracking and cross-checking clients referred to and served by PIDP. PIDP is the latest opportunity utilized by Pomona DCFS to address racial disparity and tracking client referrals supports data reviews that focused on racial differences. These challenges point to a need to establish more systematic referral and tracking procedures to assure that case records can be more easily accessed in support of ongoing performance review and assessment of outcomes. Secondly, while PIDP outcomes revealed positive results for the largely Hispanic/Latino children and families involved in child welfare, the number of African-American families involved in the comparison group study, the most rigorous part of the evaluation, was very small. More African-American families need to be included in additional research to ensure that the primary population of interest is benefitting from the work and to describe exactly how African-American families are benefitting. Given the lack of available research on strategies targeting racial disparities this article fills a gap by providing concrete descriptions of these strategies, implementation approaches, and preliminary outcomes about how these strategies affect risk factors for child maltreatment at multiple levels.

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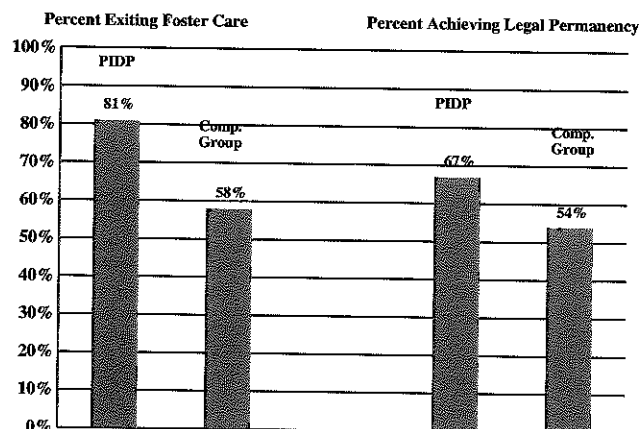
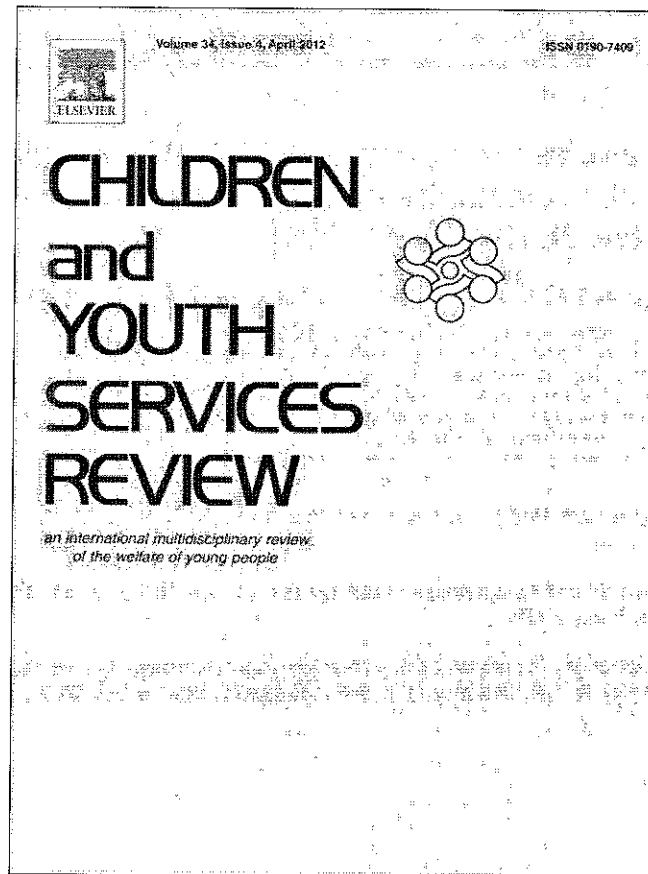


Fig. 1. Exits and achievement of legal permanency for PIDP case management team vs. non-PIDP cases\*.

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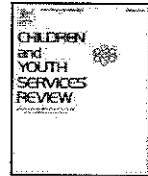
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## Corrigendum

### Corrigendum to "Strategies for improving child welfare services for families of color: First findings of a community-based initiative in Los Angeles" [Child. Youth Serv. Rev. 34 (2012) 281–288]

Jaymie Lorthridge<sup>a,\*</sup>, Jacquelyn McCroskey<sup>b</sup>, Peter J. Pecora<sup>c,d</sup>, Ruth Chambers<sup>e</sup>, Maryam Fatemi<sup>f</sup>

<sup>a</sup> School of Social Work, University of Southern California, Montgomery Ross Fisher Building, Los Angeles, CA 90089-0411, United States

<sup>b</sup> School of Social Work, University of Southern California, Montgomery Ross Fisher Building, Los Angeles, CA 90089-0411, United States

<sup>c</sup> Casey Family Programs, 2001 8th Avenue North, Suite 2700, Seattle, WA 98121, United States

<sup>d</sup> School of Social Work, University of Washington, 4101 15th Avenue NE, 354900, Seattle, WA 98105-6299, United States

<sup>e</sup> School of Social Work, California State University Long Beach, 1250 Bellflower Boulevard, Social Sciences/Public Administration Building (SSPA) 131, Long Beach, CA 90840, United States

<sup>f</sup> Los Angeles County Department of Children and Family Services, 425 Shatto Place, Los Angeles, CA 90020, United States

The author regrets that in the above published paper, an error occurred in Section 1.1, second last paragraph. The sentence that is in error is not a finding of the cited research study.

Incorrect text:

As mentioned above, at least one-third of African American children in the Chapin Hall study actually reunify or adopt more quickly than their White counterparts (Wulczyn & Lery, 2007).

Correct text:

For example a study of disparities focusing on urbanicity found that foster care admissions declined the most among African Americans during a five year period; most of the African Americans resided in urban counties (Wulczyn & Lery, 2007).

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\* Corresponding author.

E-mail addresses: [lorthrid@usc.edu](mailto:lorthrid@usc.edu), [lorthrid@gmail.com](mailto:lorthrid@gmail.com) (J. Lorthridge).

Stories of Practice Change:

**What Flexible Funding Means  
to the Children and Families of  
Los Angeles County**



February 2009





*...Transformation happens less by arguing cogently for something new than by generating active, ongoing practices that shift a culture's experience of the basis for reality.*



—The Art of Possibility,  
by Rosamund Stone Zander and Benjamin Zander



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## Introduction

A 17-year-old youth sat on the stairs of his home in Los Angeles, absorbed in an intense discussion with Randolph Hardeman, a social worker from the Department of Children and Family Services (DCFS). For years, the youth and his brother, 18, had cycled through group homes and foster care placements. A year before, they had re-established contact with two young adult siblings, and moved in with them and two children, ages 3 and 4.

But the young family had been evicted. Struggling to find an affordable home where they could remain together, they kept running up against the hard fact that few landlords want to rent to four people under 25 with two preschoolers.

At one point in his conversation with the 17-year-old that day, Hardeman mentioned the possibility of removal if the family was unable to find adequate housing. Hardeman describes the youth's reaction: "There was this look on his face. His heart was broken. He asked, 'Do you think you will be able to put me back with my family? I waited my whole life to find my family.'"

Child welfare social workers deal in hopes, dreams and tragedies like this every day. There are no bar graphs to capture the essence of the listening and support they offer to thousands of children and families, each with their own story. In this case, Hardeman helped the family find another home to rent, and they were able to stay together. DCFS cases for the two brothers are expected to close in 2009.

Searching for housing for his clients is not an explicit part of Hardeman's job description, of course, but he is committed to finding stable, safe and permanent connections for the youth on his caseload. If that means helping them find housing, his job is flexible.

What made the difference in this case is that Hardeman is a Children's Social Worker (CSW) in Metro North's Youth Permanency Unit, a special division of social workers who carry lower caseloads and focus on finding permanent connections for high-risk youth who usually have spent years in the system. What also made the difference is that Hardeman's unit is supported through a waiver from the federal government that gives DCFS flexibility over how they use their federal and state matching foster care funds and how they invest any savings that are achieved. Without this flexibility, DCFS would be required to spend their foster care dollars only on out-of-home placement. Without this reinvestment, Hardeman might never have met the two brothers in this case, and they probably would have remained in a group home until they "aged out" of the system at age 18, whether or not they were prepared to live as independent adults.

## Child Welfare in Context

In the past, many child welfare agencies, especially large ones, were seen as "rescue" agents—or worse, "baby snatchers"—known more for removing children from family settings that were seen as unsafe than for services to help families stabilize and stay together. This was a traditional philosophy driven by high caseloads, the urgency of safety and federal funding streams that offered support only when children were placed.

At least removal would ensure safety, the argument went. And it did, most of the time. But this approach won agencies few fans among parents who needed help with mental health problems or substance abuse or domestic violence. It won few fans among youth who languished in multiple placements, separated from their siblings, communities and schools. It won few fans among community providers who were potential allies in an effort to support families safely in their own homes and neighborhoods. It also won few fans from social workers and their supervisors who knew this was not the helping profession for which they trained.

Child welfare leaders across the country are delivering a different message now. To be sure, safety and protection of children remain paramount concerns of DCFS and other agencies. But their approach is shifting from relying primarily on out-of-home care to providing support for families and children in their own homes with community-based services specifically tailored to each family's needs. When a child must be removed, DCFS now seeks quicker timelines to permanency, primarily through reunification with parents, or if that is not possible, placement with relatives or other extended family members, or through adoption or guardianship. The bottom line is a basic one: Children should not grow up in a foster care system. All children deserve safe, permanent and nurturing families.

## Flexibility in Spending

To help support this new direction, California applied for and received a five-year waiver from federal government spending restrictions. The waiver, a capped allocation of federal and state funds with a 2 percent increase each year, was approved in March 2006. It did not provide new money, but the two counties that chose to participate—Los Angeles and Alameda—have freedom in how they spend the money.

For DCFS, the waiver made sense. Leaders already were working successfully to lower their placement rates and shift the balance of services on the child welfare continuum. They knew that if they could save funds through an ongoing decrease in placements, they would be able to reinvest in more supportive programs for families and children and keep the trend going. The terms of the waiver explicitly required that savings be reinvested in child welfare services.

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Throughout 2008, despite a growing state and national economic crisis, DCFS continued to safely reduce the number of children in temporary out-of-home care. By the end of January 2009, there were 16,429 children in care, down from 18,304 when the waiver was formally inaugurated in July 2007. (And down from almost 50,000, just a decade or so ago.)

This report is part of an ongoing series to document the reforms and lessons learned as DCFS takes its 7,000-strong staff to a new level of helping children and families in Los Angeles County. The reports are sponsored by Casey Family Programs (CFP), a national operating foundation based in Seattle that partners with numerous states and counties to help public agencies better support families and children in their own communities and safely decrease their foster care population.

This report tells the story of three DCFS practice strategies implemented and expanded in 2008 under flexible funding made possible by the waiver. It is based on a year's worth of research, observation and interviews with those who champion the work. It is the story of workers and supervisors who are leading change by doing it; of DCFS managers with open-door policies to steer the effort; of families, children and community leaders who are beginning to see DCFS in a new light.

## First-Year Waiver Strategies: A Focus on Practice Change

Practice change was underway at DCFS before the waiver was approved, but the waiver money gave leaders permission to deepen, expand and learn from three strategies during the first year:

- Expansion of Up-Front Assessments and corresponding intensive home-based services to prevent unnecessary placement in foster care. This strategy includes a specialized assessment to identify the needs of parents and caregivers with problems concerning substance abuse, domestic violence and/or mental health, and to advance their connection to needed services.
- Establishment of specialized Youth Permanency Units in three offices to focus on finding and engaging family members to provide permanent, life-long family connections to children and youth in long-term care, who are those most at risk of aging out of the system without connections.
- Expansion of family Team Decision-Making conferences (TDM), a strategy that brings family members and others important to the family together with social workers and other service providers for facilitated meetings in which they plan for the children's future. Under the waiver, DCFS hired 14 new TDM facilitators to focus on permanency planning conferences for youth in long-term foster care or group homes.

To learn as much as possible about the impact of the waiver and how it fits in with other reforms, the state, county and Casey Family Programs are supporting an innovative package of evaluations.

## Point of Engagement and Expansion of Up-Front Assessments



*It was clear to us some 80 percent of the children and families that we serve are grappling with one or more of the three issues: substance abuse, domestic violence and mental health. We were addressing those, but way too late—sometimes 30 or more days after we opened a referral. Then there were waiting lists for services, and sometimes families or children did not get assistance for months. We wanted to make sure they got a quick assessment, and we wanted to make sure they received immediate intervention and services. So we focused on building community capacity to meet those needs. It was a logical sequence of events.”*



—Trish Ploehn, Director, DCFS

Point of Engagement (POE) is a service-delivery approach that engages families as partners and responds to referrals with specific and targeted community-based services as soon as possible. A hallmark component of POE is a voluntary assessment of caregivers to identify both the strengths and concerns around their ability to care for their children safely and to help determine the services that are needed.

## Getting Started

POE and the use of voluntary assessments evolved from a problem, a question and a place:

**The problem** was a disconnect between the emergency response to a hotline call and getting needed services for parents. Eric Marts, Deputy Director for Service Bureau 2, explained: "If you don't have that link between emergency response and services at the very beginning of the system and those families have a gap in service, many of them get lost in the system. Some of them give up. They're in crisis, and crisis is the best time to catch them."

**The question** was one that managers asked their emergency response workers: What would help you on the front end to meet the immediate needs of parents and prevent children coming into the system? Their answer was: Help assessing the severity of problems around mental health, substance abuse, and domestic violence and identifying services to help parents deal with these problems immediately.

**The place** was Compton, where visionary leadership within DCFS met visionary leadership in the community and came together to develop a new way of working with families.

Many see Compton as a city of extensive poverty, high unemployment, crime, drugs, gang violence and one of the highest out-of-home placement rates in Los Angeles County. To Eric Marts, Compton provided an opportunity to support parents and address placement. Marts was regional administrator for the Compton office when DCFS began a pilot aimed at safely reducing the number of children taken from their homes in the community. He was interested in addressing the trend of disproportionate representation of African American children in the system, which was particularly problematic in Compton.

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SHIELDS for Families, Inc., founded in 1991 and based in Compton, is a nonprofit that offers comprehensive family-based services around substance abuse, mental health and domestic violence issues. SHIELDS began working with DCFS in 1992, providing in-home family preservation services. When POE was piloted in 2004, SHIELDS was ready to lead the effort on the community end. The work SHIELDS and DCFS did together on POE and Up-Front Assessments gave DCFS the evidence to expand the Up-Front Assessments under the waiver.

## Up-Front Assessments: The Practice

As part of POE, Up-Front Assessments are conducted as soon as possible after a hotline referral is made so that emergency response workers have the best information with which to make decisions about removal.

### **The process works as follows:**

- An upfront assessment is recommended when an emergency response worker suspects a problem connected with mental health, substance abuse or domestic violence and needs additional expertise to determine the degree of the problem.
- An assessment is not made if a safety issue indicates immediate removal or if the hotline allegation is unfounded.
- The assessment is voluntary. If the parent agrees to the assessment, a trained clinician from a community-service organization goes to the home no later than 48 hours after the referral.
- The assessment is an expanded bio/psycho/social analysis that looks at seven major areas of functioning: physical health, mental health, substance use, educational and occupational functioning, social relationships, domestic violence/domestic relationships and criminal activity. The assessor uses a computer-based, online tool called a Behavioral Severity Assessment Program (BSAP) and interviews each caregiver

separately. The assessment is comprehensive, looking at strengths as well as needs, and often taking two hours or more to complete. SHIELDS' supervisor and program manager Trevor Daniels explained: "You have to get a full understanding about the dynamics of a family's world. You have to understand people's functional level, and whether there's a risk to the kids because of their parents' problems."

- The assessors do not make recommendations about placement. Removal—or not—is the responsibility of DCFS. Rather the assessor talks to the family and to DCFS about the results of the assessment and makes recommendations to DCFS for services.
- DCFS makes the decision about removal and services. Because the agency conducting the assessments is a community provider with expertise in domestic violence, mental health and substance abuse, and because it has information on what the caregivers really need, it can start services right away.
- Ideally, a TDM meeting takes place soon after the assessment, and the community agency participates with family members, DCFS and others in determining a plan of action.

### Case Story: Up-Front Assessments at the Command Post

The Emergency Response Command Post handles hotline referrals from across the county that come in after hours and on weekends and holidays. They receive an average of 50 hotline referrals a day, a heavy load for a total staff of 78 CSWs and 12 supervisors. They respond to the middle-of-the-night emergencies, and it is no surprise that the Command Post was responsible for up to 30 percent of the removals in the county. The use of Up-Front Assessments at the Command Post could make a big difference in the county's overall out-of-home placement rate.

In May 2008, Children's Institute Inc. (CII), a service organization with more than 100 years of experience in Los Angeles, began working with the Command Post under a grant from the Marguerite Casey Foundation. An assessor from CII is assigned to the Command Post on weekend nights and stands ready to go out and conduct an assessment at a moment's notice.

On a weekend in mid-January 2009, CII's assessor Frank Nessary, a psychologist and clinician, conducted an assessment with the mother of a 1-year-old girl suffering from asthma. The baby was at the home of her father, and the case had been reported to the hotline for inadequate medical care. Her parents were separated and contesting custody. Given the history—a previous open case, indications of domestic violence, possible drug abuse and some mental health issues—the supervisor determined an up-front assessment would yield valuable information.

The CSW who responded to the hotline call removed the baby from the father for neglecting her medical needs and took her to the mother's home. The worker explained the assessment process to the mother and got her permission to proceed with the interview. Nessary arrived shortly before midnight and interviewed the mother, using the computerized BSAP methodology. The assessment found a pattern of domestic violence in the family and indicated that services would help both the mother and the baby. As a service provider, CII was prepared to start working with the mother within a week. A TDM was scheduled. DCFS did not feel the need to separate the baby from the mother.

As Nessary said later, "We got a lot of information in a short amount of time and in the middle of the night. The assessment showed that the domestic violence was not a one-time event, but a build-up of a number of incidents. It helped us link this mother and her baby to services quickly. And it meant the baby did not have to be put in foster care."

## The Benefits of Up-Front Assessments

It is impossible to escape the enthusiasm about the POE approach and the critical role of Up-Front Assessments if you talk to those who are using them. They see it as a win/win/win situation for DCFS, the families, and the community.

Where the philosophy of POE and its components have been integrated into the department, workers are keeping children at home safely and avoiding the trauma of removal. Compton has seen a 52 percent reduction in out-of-home placements since FY 2002. This means the department is saving costs associated with placing children in foster care. At the same time, managers and workers believe they are addressing the disproportionate representation of African American children in the system in the Compton area.

The benefits of Up-Front Assessments include:

**More information**—and better information: The decision to remove a child, even when necessary, is one of the most difficult and painful decisions a caseworker has to make. In the past, workers and supervisors basically made this decision alone. The presence of any substance abuse at all, for example, usually meant removal. Now, with Up-Front Assessments, DCFS gets more in-depth information and an expert's opinion, which leads to a more informed decision about removal.

Paul Saur, a supervisor at the Emergency Response Command Post, is a champion. He said: "I like information. And I don't like to take kids if I don't have to. The more information I have and the more people tell me, the better. When parents conceal information, (problems) are more likely to happen again. If the information is on the table...we can get better services."

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**Motivated families:** DCFS caseworkers are not present during the assessment. Parents are more comfortable talking to representatives of community-based organizations than to DCFS and are likely to offer more and more nuanced information to the assessor. As Kathy Icenhower, executive director of SHIELDS, said: "We become an ally with the family and advocate for them. They share things with us that they won't with the department because they're afraid the department will hold it against them." Since the assessment and services are voluntary, parents have a bigger stake in getting help. By keeping their children at home, they usually are more motivated to accept and follow through with service plans.

**Streamlined and targeted services:** The assessments help DCFS make sure they're not missing anything with a family and that families receive not only immediate services, but also appropriate services. Wendy Luke, a supervisor in the Compton office and a worker there when POE was first introduced, said: "Because we have an expert involved, we can identify the needs of the parents more specifically to keep children safe in the home. This might mean two services, as opposed to the 15 things that I might have suggested before."

When services are available quickly, more children can remain at home safely. Stephen Ambrose, senior vice president at CII, said: "Our ability to quickly link families to treatment and support often gives caseworkers the feeling of comfort they need in order to not remove the children."

**Better teamwork with the community and within DCFS:** Up-Front Assessments and the resulting services lead to better teamwork between DCFS and the community. Evangelina Reina, a supervisor in the Compton office and a long-time DCFS employee, believes this teamwork is a critical improvement. "There is no more working in a vacuum," she said. "The emergency response worker speaks to the intensive services worker and to the voluntary services worker and to the community organizations." Marts pointed out that the community is now a true partner with DCFS in Compton and that within the department, social workers relate better as members of a team. In Compton, "the janitor, the guard, everyone is part of the team and pitches in," he said.



**More trust from the community:** It takes a lot of work to transform the reputation of a child welfare agency in the community. Reina explained that POE was “where DCFS finally cracked the trust egg with families and the community.” Marts said, “Community organizations have been trying to partner with DCFS for a long time. They always had a stake in what was happening with kids in the community. They were like: ‘What took you so long?’” Now the community is at the table with DCFS. And in this economic climate, DCFS and the families that come to the agency’s attention need the help of community organizations more than ever.

**More families who seek help:** With the change in attitude toward DCFS, families now are stepping forward in places like Compton to proactively ask for help and services. They no longer are afraid that any and all contact with DCFS means removal of their children. Marts said: “Today, in the Compton community, people feel like social workers are out to help them. Even if we end up removing their kids, they believe we’re still trying to help them and get them the services they need.”

### Case Story: DCFS and SHIELDS Working Together

The six children of two young parents were removed by DCFS when the mother gave birth to her sixth child and she and the baby both tested positive for drugs. The mother participated in an assessment with SHIELDS that was a real eye-opener to her. “I really didn’t think I had a problem, but a lady asked me all these questions and it made me realize, ‘Oh my God, I do have a problem.’”

Both parents did an assessment with SHIELDS and received substance abuse services. In the mother’s case, the assessment also indicated depression, and she was treated for that as well. The parents participated in TDMs with their DCFS social worker, their SHIELDS counselors and family members. They set goals to improve their lives and reunify their family. They received family preservation services, counseling for the oldest children, and finally came together again as a family in a three-bedroom apartment in a SHIELDS-run complex.

When asked now what would have happened without the support from both DCFS and SHIELDS, the mother said: “I remember a period in my life when we were staying in one room with four kids. We were both totally involved with drugs. We couldn’t function as parents or as human beings.” The father had a good job before the couple’s involvement with drugs. They had cars and a nice place to live. But as the mother put it: “Everything all dried up.” At one point she tried to get help: “I remember going through the Yellow Pages and calling places for help. Everything cost \$300 or \$400 for every visit. And they recommended 10 visits. I was thinking, we’re going to die drug addicts.”

The couple realizes their family is stable now because of the collaboration between DCFS and SHIELDS. Without the assessment, they wouldn’t have gotten the right services so quickly or so cheaply. Without the services, they wouldn’t have been able to reunify their growing family.

The parents got their high school diplomas while in SHIELDS’ programs. She wants to be a counselor. He trained to work as a welder and in fiber optics and also wants to counsel others. “My family is great; my kids are great,” the young mother says now. “I want to give back so much of what’s been given to me.”

### Lessons Learned from Up-Front Assessments

The timing was right for a new way of doing business in Compton. Although the city had a high level of involvement with DCFS, the office that served Compton families had not been located in that community for years. In 2004, DCFS opened a new office there, and Eric Marts, regional administrator at the time, asked for volunteers



to pioneer the POE approach and to use Up-Front Assessments. Throughout training and implementation, he kept an open door policy and responded to any and all requests for meetings and brainstorming about cases.

Workers, managers, and assessors in Compton and the Command Post cited numerous lessons they learned about rolling out this innovative practice change:

- First, they had to debunk the myths. Some at DCFS, for example, felt POE meant they would lose their authority to make decisions about removal. Adriana Molina, a program director at CII, said of her conversations at the Command Post: “We had to explain that we knew they didn’t need our advice on placement. That was their expertise. We told them, ‘Our expertise is to look at the risk factors and provide the additional information that your social workers don’t have time to get.’ Once we started having that conversation, it opened up.” Eric Marts said: “POE doesn’t mean, ‘Don’t remove children.’ We’re saying see if you can mitigate the risk by bringing in resources and services in a timely manner. This is not about risk-taking. This is about reducing the risks. There’s a distinct difference.”
- Building champions among supervisors and line staff will make or break the practice. They have to try it and like it. CII’s Stephen Ambrose said: “Ultimately they must see the benefit. Research and data might be helpful, but for supervisors and caseworkers, it’s the individual case. So we need to tell the stories.”
- Some at DCFS worry that it takes too much time. Yes, the worker must explain the assessment to parents and get signed permission forms and wait for the assessor to arrive in order to introduce the clinician to the parent. But removal takes time, too, when a worker has to wait for the police or take a child for a medical appointment, even in the middle of the night. At the Command Post, staff estimate an up-front assessment takes an extra two or three hours. But they have less time-consuming paper work if the child is not removed, not to mention the other benefits of getting immediate services for the family and keeping the children at home safely.
- It takes community organizations with high-level, trained assessors and the resources to provide immediate services. Los Angeles is resource-rich in some communities, but poor in others.
- There is a serious need for a standardized Spanish version of the BSAP assessment tool. Although the assessors speak Spanish, results cannot be used in formal evaluations without a standardized Spanish version of the BSAP tool.
- Finally, some still worry that POE is too much work. It is more work than they did before, but it’s also smarter work. And, as social worker Wendy Luke said: “At the end of the day, I can leave and know that the decision I made was the right decision. I know now that if I take a child out of the home, that child needed to come out of the home. We’re taking the right kids, as opposed to just taking kids.”

## Impact of Up-Front Assessments

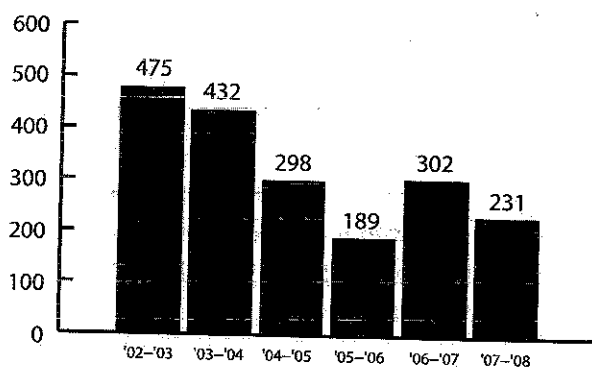
Proof of the effectiveness of any one child welfare intervention is almost always elusive. Reforms are linked and overlapping—by design—and each family is unique, even when facing similar problems. Nevertheless, Compton has a track record with Up-Front Assessments. Kathy Icenhower said SHIELDS has done approximately 2,700 assessments over the years and seen fewer than 50 removals. She believes that without the assessments and the resulting services these families received, most of these children would have been removed. She noted: “That’s about 5,000 children over the last four years who have stayed in their homes because of Up-Front Assessments.”

Compton still has one of the highest removal rates in the county—a reflection of the community and family

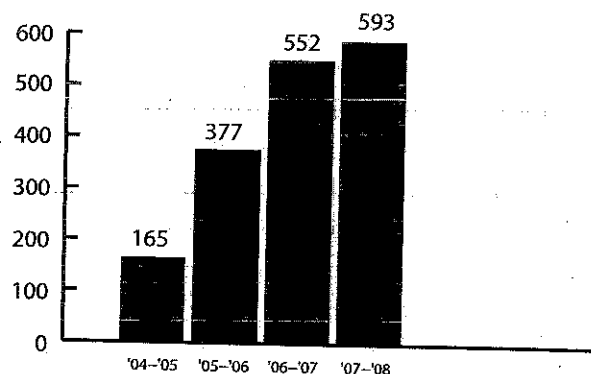
problems there. But their placement rate has decreased by 52 percent since FY 2002. Marts estimates that has resulted in a savings of almost \$5 million, given the cost of foster care per child: \$1,802 per month or \$21,624 annually. This trend cannot be solely attributed to POE or Up-Front Assessments, of course. It is part of a county-wide decrease in placement rates. But in Compton, they are convinced that assessments and services help keep children at home safely.

Up-Front Assessments take place at the beginning of a case, but the impact is felt throughout the case. Marts explained: "The assumption we made was that if we could fix the front end and make it more efficient and effective, then service delivery at the back end of the system would be more efficient, meaning that we would get more kids back home in a more timely manner: reunification. We would get more kids adopted. We would get more kids legal permanency through guardianship."

Compton has a history here, too. In the year before introduction of POE, only 20 percent of children removed from their homes were reunified with their families within a year. In the first year after POE, 67 percent of children who had been removed went home within a year. "That's because of the emphasis on reunification (and) how you make the link from the front end to the back end," Marts said. Families who get appropriate services get their children back more quickly.



**Children Removed in Compton, by year:**  
52 percent reduction from 2002-03 to 2007-08



**Children Reunified in Compton by year:**  
3.6 times as many children in 2007-08 as in 2004-05

In May 2008, the Metro North office began utilizing Up-Front Assessments, as did the Emergency Response Command Post, joining the Compton and nearby Wateridge offices in this new practice of supporting families and children. Between October 2007 and November 2008, some 800 assessments were completed.

# Specialized Youth Permanency Units



*We want to make permanency as intuitive as safety.*



—Bob Lewis, consultant, author, trainer

Like all child welfare agencies in this country, DCFS finds itself caring for a number of youth who have been in the system for years. Many of these are teenagers living in group homes or other residential placements. They have few if any connections to family. They are considered high-risk and often struggle with mental health and behavioral problems. Child welfare systems have traditionally seen these youth as unadoptable.

These are the youth who in the past aged out of the foster care system at age 18, with few if any supportive adults in their lives and little preparation to live on their own. Their future was bleak. In 2003, the Children's Law Center of Los Angeles estimated that of the 1,000 youth who aged out of the child welfare system each year, half dropped out of high school, one-third were on welfare, 25 percent became homeless, 25 percent became incarcerated, and more than half the girls became pregnant within four years.

## History of Youth Permanency Units

To DCFS, these are not acceptable outcomes, and leaders have been working to change them. In 2005, the Metro North office developed a pilot program, in conjunction with the California Permanency for Youth Project, aimed at finding permanency for youth in long-term foster care. Workers in a special unit set out to find family members and extended family members to provide the connections, sense of belonging and support that every young person needs to thrive. The flexible funding waiver was an incentive to build on and expand this pilot.

Metro North leaders were inspired by talking to the youth themselves. Regional Administrator Tedji Dessalegn noted: "In the past, these were the older kids that the department raised. We did not always have a good plan for them. We heard some of them tell us: 'You didn't take care of us.'"

The Metro North Permanency Unit began operating in October 2005 and realized almost immediately that the work could not be done with a normal-size caseload that, at the time, was above 30. Elvia Quirarte, a CSW in the unit, explained, "The hardest cases were referred to this unit, and it was very difficult when it started. The caseload wasn't low then, and it was a caseload of all high-needs youth."

When the flexible funding waiver was implemented in 2007, DCFS decided to use some of the flexible funds to continue the work at Metro North and add another unit in Pomona—and to lower the workers' caseloads. A third office, Santa Clarita, came on line in 2008. This work went hand in hand with the new permanency focus for TDMs across the county.

## The Practice: Goals and Expectations

The Youth Permanency Units focus on high-needs youth who meet several or all of the following criteria: no or limited family connections; a history of multiple recent placements; heavy involvement with substance abuse; recent psychiatric hospitalization; and a repeated history of running away. CSWs carry a caseload of only 15, which can expand to 24 to include siblings. In 2008, Metro North had a supervisor and five CSWs; Pomona, a supervisor and four CSWs.

### Goals for the Youth Permanency Units include:

- To find as many family and extended family connections as possible for each youth. (The family finding model they use suggests a goal of 45 connections for each youth.)
- To reduce the number of youth who age out through long-term foster care and to ensure that all youth who emancipate have at least one durable connection with a committed adult.
- To reduce the number of children in group home care by returning youth to parents when possible or to other permanent homes with relatives or non-relative extended family members.
- To transition youth to a lower level of care or to permanent meaningful adult connections.
- To explore reunification with birth parents, even if parental rights have been terminated (given the reality that youth often go home anyway when they emancipate from the system).
- To collaborate with group homes to ensure children receive reunification services when applicable.
- To involve youth as participants and leaders in their own permanency planning.

**Training:** Training goes on informally every day in the Youth Permanency Units as they integrate what is learned into everyday practice. Working with the California Permanency for Youth Project, DCFS has also brought in national experts to train and support the units. Trainings include: intensive family finding; how to connect with youth around family (and vice versa); and how to help youth deal with loss, grief and trauma. These units are also testing Families for Life, a new model of youth-led TDMs developed by Casey Family Services.

### Case Story: The Complexity of Permanence

The stories from the Metro North and Pomona Youth Permanency Units are notable for their complexity. Rarely is there a simple path to permanence, but rarely are there failures either. Metro North's Youth Permanency Unit supervisor Jerry Clyde talks about a teenager who was placed in care when he was 3 or 4 years old. The mother had disappeared. His father had denied paternity. Clyde explained: "He was living his life out in group homes. He was acting out and didn't have any real purpose in life or hope about where he was going to go or where his family was."

But the Youth Permanency Unit dug deep and found the mother, who was living in New York State. They put the two together, got wraparound services for them and eventually placed the youth with his mother. It was not a smooth road home, however. The mother had another child, a 3-year-old, and she and her teenage son were basically strangers to one another. He resented her, and services were not successfully addressing their needs. He began acting out at home and shoplifting. "One thing led to another and the mother said she just couldn't handle it," Clyde explained. "So they had to move him. Mother and son are still in contact, and the youth is now living in a guardianship situation."

This case was not a failure, but it yielded lessons for DCFS about the preparation needed for parents and the need to work with the family even after the child returns home. "We're still learning on this end how to prepare parents, how to help them understand that even though they're the biological parent, they still need to address their feelings and emotions to really accept the child back home," Clyde said. Robert Haley, the assistant regional administrator in Metro North, pointed out: "There are a lot of issues that go along with reconnecting to family. Finding family members is just the first step."

## Lessons Learned from Youth Permanency Units

Those who work in the Youth Permanency Units—CSWs, supervisors and their managers—were eager to share observations and lessons about this pioneering practice:

**Explaining the benefits to youth:** Many teens living in group homes don't think about permanency. They haven't had much of it in their lives and may not be quite sure what it means. The Youth Permanency Unit CSWs engage youth in a conversation from their point of view. They ask youth whom they want on their permanency team. David White, assistant regional administrator in Pomona explained: "We discovered you can't just have a permanency meeting with the kids without first asking them to think about it. You have to set it up so the kid is not embarrassed in front of a group of people. Ask them who is really important to them. If they were going to run away, where would they go? If they were sick, who would they want to take care of them? Once you do that, the youth tend to become very receptive because you're involving them. It's their choice. It's what they want."

**The necessity of low caseloads:** Low caseloads are critical to success of the model. Veronica Norwood, the supervisor of Pomona's Youth Permanency Unit said: "Low caseloads mean you have the time to go through the whole history of the case to find out what brought these kids into the system in the first place, and what kept them from getting adopted." Fonda Cormier, a worker in her unit, agreed: "A lot of these kids have major psychological problems, so we spend time presenting the case in TDMs and setting in wraparound services and dealing with issues at school and with running away and suicide threats and things like that." They could not devote that kind of attention to the youth if they carried a normal size caseload.

In Metro North, Elvia Quirarte said: "We're very close to our kids. We know that in all reality, we are the stable person in their life. We bring something to the table that other people can't, because we have a lower, more manageable caseload."

And then there's the paperwork, the bane of any caseworker's job, but a key piece of continuity. Metro North's Randolph Hardeman explained the difference a low caseload makes: "When caseloads are so high, the paper takes over. The permanency unit allows us the opportunity to put people ahead of the paper."

**Integration into the office:** The Pomona and Metro North offices have a "permanency first" attitude throughout the office that emphasizes youth involvement and entails office-wide training. Regional administrator Tedji Dessalegn at Metro North noted: "We almost all have the language now. We're all talking about it the same way."

An interesting challenge arises when CSWs from outside the Youth Permanency Units compare their caseloads of more than 30 with the lower caseloads of their peers. Questions of fairness can arise, at least until the other workers get a sense of the complexity of the permanency cases. In Pomona, ARA David White moved the Youth Permanency Unit to the same floor as the other CSWs on purpose. He knows that voices carry from cubicle to cubicle and believes that the more CSWs understand about the permanency cases, the better the casework in the whole office.

**Working with the courts:** The Youth Permanency Units search for and engage every family connection they can find, even parents whose rights were previously terminated. Some judges worry about re-establishing these contacts. Thus, working with the judiciary on permanency issues becomes an important task. In Pomona, CSW Fonda Cormier had a case with a failed adoption. She asked the judge for monitored visits with the mother whose rights had been terminated. The judge was not happy because this mom had been a drug user. But in the Youth Permanency Unit, "we are embracing these moms who have maybe had some issue that they just couldn't deal with, but their kids are still there. We're working with them," Cormier said. In this case, they held a TDM at the group home and both the daughter and the mother attended. The decision was to refer the youth for adoption

and to keep the family involved. Along the way, the youth's behavior stabilized, and she is preparing to move to a lower level of care.

Youth Permanency Unit workers are fearless on behalf of their clients. Pomona supervisor Veronica Norwood reported: "All of the workers in my unit are very passionate, not just about the job, but about the kids on their caseloads. They will stand up to the attorneys and the judges to say this child is capable of reaching goals. And they push their children as well." DCFS knows the courts must be their partners every step of the way when it comes to improving outcomes for children and families. Los Angeles County is fortunate to have judicial leaders on the bench who are supportive of change.

**Helping caregivers adjust:** Caregivers—parents, relatives, extended family—are rarely prepared for the emotional issues these youth bring to the table. Grief and abandonment run deep. Robert Haley, the ARA in the Metro North office explained: "These kids have had multiple losses. They've been removed from their parents, moving from one place to another. Each replacement is a loss." Because Youth Permanency Units are finding—and engaging—lost or far-flung relatives and caregivers who have not been in touch with the child for years, a key lesson for DCFS is to help the caregivers understand the impact of abandonment on a child's development. Grief and loss training for caseworkers helped address this problem in how they communicate with youth. DCFS also has learned the importance of teaching caregivers what it means if a youth is in the system for years, in and out of group homes. Fonda Cormier from Pomona said: "Caregivers sometimes look at the situation and say, 'Oh, these kids are bad.' But when we explain what these kids have lived through, they understand." Jerry Clyde, supervisor at Metro North, noted: "Returning home or transitioning into a new family is a much 'softer landing' for a child when these issues are attended to and can result in fewer replacements back into foster care and faster adaptation to family reunification."

**Supporting change in group homes:** Group homes are important placements for children who need short-term, targeted support and treatment. But too often, youth are there for years. In the past, both DCFS and group home leaders saw stability in a group home as a positive outcome. But this is not permanency in terms of true connections for a child.

The Youth Permanency Units give DCFS the opportunity to work more closely with group homes and to support a growing movement to help youth find permanency outside of an institution. Metro North's Robert Haley pointed out that some group homes are slower to change than others: "They were fearing the emotional reaction of the child, they were fearing placement disruption...but we learned to drill down and get past all the adults and focus on the youth and really look at their needs." Metro North continues to partner with group homes to build support for permanency, inviting group home managers to their permanency trainings and meetings.

The bottom line for DCFS is that no child should grow up in foster care or a group home. This philosophy serves DCFS well as they participate in a state-wide Residentially Based Services reform effort. The goal is to use group homes to provide specific therapeutic services for children, and to begin work with families immediately, even when their children are still in the group home.

**Language, cultural and immigration barriers:** Los Angeles County is one of the most diverse areas in the country, which brings numerous challenges to DCFS, particularly when it comes to finding and engaging family members. More than half of Los Angeles residents speak a language other than English at home, and 38 percent of households speak Spanish. DCFS has adequate Spanish-speaking staff in many, but not all, offices. It is particularly challenging, however, to find workers who are fluent in the language and culture of Cambodia or Thailand or Samoa, to mention just a few examples. In addition, a large population of immigrants—more than 36 percent of the population is foreign born—means family searches stretch far across borders. Metro North's Quirarte said:

"We have some roadblocks, especially if parents are out of the country. We're trying to work something out with consulates to help develop a protocol to search for families who do not live in Los Angeles. Many of our parents are 'whereabouts unknown' in Mexico, for example, and there might be a lot of other family members there, too."

### Case Story: "I refuse to allow you to fail."

Being in a group home for years makes it difficult to transition into the real world. Twanette Crabb, a Youth Permanency Unit worker in Pomona, cites a case in which she placed a 16-year-old with a relative in Fresno, after he had spent many years in a group home. The placement was unraveling. He had stopped taking medication for a mental health problem, and he actually wanted to return to the group home. She said to him: "Let me be real with you. You're 16. You've been in a group home since you were 6. You have become institutionalized." She added: "I explained what institutionalized meant and told him the path he was taking could end up in jail. I said to him, 'I'm not going to bring you back to Pasadena so you can hang out with your friends. It's time to move on, to build that connection with your family.' And he heard me. Later he called to thank me. I told him: 'I refuse to allow you to fail.'" She was convinced that this youth, with so much potential in school and sports, could make it.

### Impact of Youth Permanency Units

A phrase often heard in the Youth Permanency Units is: "Work in progress." It is too soon to declare definitive results on the long-term outcomes of the connections that have been made. ARA David White of Pomona said: "Evaluating outcomes for the cases in these units is difficult. If we wanted wonderful outcomes, we would take easier cases. But we are honestly and sincerely taking these cases that really need intensive work."

Both Pomona and Metro North are tracking their progress. They are closing cases and setting goals for permanency. Numbers in this area do not stand still—entries and exits are ongoing. Metro North served 75 youth during the first year of the waiver. Fifty-three of these youth, who had been identified as having no or limited connections with family members, now have ongoing visits with siblings or other family members. Eleven youth returned home, four are under legal guardianship, 13 are living with relatives and 17 shifted to lower levels of care.

Pomona has one fewer CSW than Metro North, but during the waiver period, the unit served 72 youth. Six exited the system, two through adoption, one through legal guardianship and three through emancipation with lifelong connections. Sixteen moved to lower levels of care, including seven who were placed with relatives and one reunited with parents. Fifty-five youth who were previously identified as having no or limited connections with family members now have ongoing visits with siblings and other family members.

The Santa Clarita office, which is building its Youth Permanency Unit, currently serves 58 youth, six of whom have adoption plans, two have legal guardianship plans, one has already reunified with parents, five have moved to lower levels of care and five have achieved other permanent connections.

It is far too early to match the Youth Permanency Units' work to outcomes for youth. But those who are championing this work are convinced it is the right direction to take. Both Pomona and Metro North saw significant declines in their group home population over the last year. Pomona saw a drop of 29 percent from 84 at the end of January 2008, to 60 at the end of February 2009. At Metro North, where the Youth Permanency Unit began earlier, the numbers dropped from 57 at the end of June 2007, to 21 at the end of January 2009, a decrease of 63 percent. This shift was not due solely to the Youth Permanency Units. But it was progress to be celebrated and shared with other regional offices where TDM facilitators are now being assigned to focus on permanency with a similar population of youth.

## What's Next for the Youth Permanency Units?

The Youth Permanency Unit team members are cheerleaders for this approach and eager for the program to be expanded. They know what it means to be able to offer these youth the family connections that have been so elusive in their young lives. They have witnessed the benefits on the faces and in the voices of their clients. As Cormier explained: "All our kids are damaged from being abandoned and separated from their families. You feel they're cheated out of life. They should have the same opportunity as our own kids for an education, to go to Disneyland, to be able to wear nice clothes...to just simply be happy."

"I realize that to inculcate a change of this size is a massive endeavor, but this work truly does change our perspective," said David White, of Pomona. "When I first started with this department, I was a social worker. We removed kids who were beat up. Then we became case managers for the courts. Youth permanency takes it to the next dimension. Now the biggest part of what we do is to make sure that kids stay connected and that they get the best services they can. That may or may not involve the courts. It definitely involves services, and it definitely involves making sure that kids keep connected with family, because family is how you grow up and survive in the long term."

## Expansion of Team Decision-making



*We tried to do Team Decision-Making in a controlled burn, but it became so popular as people started to recognize the value, that it turned very quickly into a wildfire.*



—Michael Rauso, division chief, Multi-Agency Services

Southern Californians do not use wildfire analogies lightly, and when they do, it is rarely in a positive context. But a wildfire analogy came up frequently in DCFS interviews in reference to specific reforms that hold so much promise they bloom and multiply throughout the system. Chief among these fast-spreading changes is the practice of Team Decision-Making meetings (TDMs).

TDMs are multi-disciplinary team conferences in which family members, DCFS staff, close personal contacts, service providers and often community representatives come together to discuss and plan a child's future. It is critical to have participants who speak the language and understand the culture of the families in these meetings.

There are several models of family conferences. DCFS adopted the TDM version at the core of the Annie E. Casey Foundation's Family to Family initiative, a neighborhood-based foster care system with a focus on family and permanence. Los Angeles County is one of 25 Family to Family counties in the state and the focus was a good match with the DCFS philosophy.

TDMs are now a core component of child welfare practice throughout Los Angeles County, required for every removal in order to ensure that each child in placement has a plan for reunification or other permanency as soon as possible. The idea is if families have a voice at the table during the case planning process, parents are more likely to contribute to and follow a service plan. When parents in the system began to thank social workers after their TDM, DCFS knew they were onto something important.

In 2008, DCFS staff held nearly 14,000 TDMs across the county, most of them for children who were entering the system. When the federal flexible waiver was approved, more TDMs were among the top improvements sought by community stakeholders and DCFS staff in the field.



## The Practice: TDMs for Permanency

The first-year waiver strategies called for expansion of TDMs across the county, with a new focus on permanency. DCFS hired 14 new TDM facilitators at the supervisory level and spread them across the county to work in all 18 regional offices. Their charge was to hold permanency TDMs, also known as Permanency Planning Conferences (PPCs), to review the barriers to permanency for youth living in group homes for two years or more with no or few known family connections. Michael Rauso explained: "We knew there were children doing well in group homes, and we felt they needed the opportunity to go back to their community. A TDM could help make that possible."

DCFS no longer sees long-term stability in a group home as a positive indicator. They know the more time a child spends in a group home, the harder it is to transition out, or even step down to a less restrictive placement. In both Pomona and Metro North, staff is committed to a permanency TDM for every youth in a group home for three months or more.

Pomona permanency TDM facilitator, Ahiza Pinuelas, has worked in the system for 25 years in a variety of positions. "I like these TDMs because they sort of open up the workers' eyes that you can't just keep on cruising because Johnny's not giving you any problems," she said. "We want to be able to have these kids ready for when they leave the system. And in a group home, they're not going to be able to develop a relationship, a permanent relationship."

The permanency TDM itself is not so different from a traditional TDM. Frequently, there are fewer family members present because many of the youth are in permanent placements and parental rights have been terminated. But the core practice of the meeting is the same, with a team approach, a focus on strengths, brainstorming ideas, addressing concerns and developing a plan.

During the meeting, participants discuss the youth's progress, length of time in placement and what is preventing transition to a lower level of care. When youth are ready to transition out or move to a lower level, a TDM is held to develop a transition plan.

Metro North permanency TDM facilitator Shawn Prokopec has more than 12 years of experience at DCFS, beginning as an emergency response worker. She covers both the Metro North and West Los Angeles offices and particularly likes the strength-based philosophy with these youth. "I find it's really beneficial," she said. "When you do the strengths, it really builds up the youth and shows the group home that these kids can function in a less restrictive environment."

Prokopec finds three-quarters of her cases herself, searching the files for children in group homes and approaching their workers. The rest she gets when workers come to her. To build support among her colleagues, Prokopec does trainings and speaks at unit meetings, explaining why permanency TDMs are important. She believes this is the new direction for DCFS and makes sure to explain how TDMs fit into the department's overall goals of safety, speedier paths to permanency and reduced reliance on out-of-home care.

### Case Story: The Value of Finding Family

A sister and brother, ages 12 and 11, were placed with a maternal grandmother when they were infants. She became their legal guardian and their cases were closed. In June 2007, both children were removed from her care when DCFS found out the children had not gone to school for five years and the grandmother had mental health problems. The children were placed in a foster home together, but the brother was removed

from that home because of his behavior. He was placed in a group home. A TDM was called for the brother, because he was under 12 and living in a group home.

Shawn Prokopec found the children's mother, who attended a TDM. They made plans for visitation. The mother also helped locate the maternal grandfather in Ohio who had remarried and has adult children. The two siblings visited him over the summer, excited about their first plane trip and meeting new relatives.

The initial goal was to reopen the mother's case for custody, but when that did not work, the goal was to move the children to Ohio. An assessment was done on the grandfather's home. However, due to the current economic situation and the fact that Ohio pays very little for relative care, the grandfather is unable to take the children. He will continue visitation for holidays and summer. In the meantime, the sister remains in a foster home with a family that is considering legal guardianship. The brother soon will move into an Intensive Treatment Foster Care home for a year, where he will receive intensive mental health treatment and tutoring. Visitation continues with the mother.

As this case illustrates, finding permanency is a complex and often rocky process. While these two youngsters did not find placement with their mother or grandfather as DCFS had hoped, they are in regular touch with both, as well as a whole group of relatives they did not even know they had.

## Lessons Learned from Permanency TDMs

Although TDMs are common practice in DCFS across the county now, the need for more remains, particularly with the difficult cases that the Youth Permanency Units and the permanency TDM facilitators take on. Many of the lessons learned from Permanency TDMs echo those found by the Youth Permanency Units in terms of educating staff within DCFS and group homes.

**Building support for permanency at DCFS:** The culture at DCFS has already shifted when it comes to using TDMs, but not necessarily when it comes to using TDMs for permanency. Some workers still believe youth who are stable in group homes should remain there. Prokopec believes group homes should be used "only for those kids who really need intensive treatment. And even then it should be limited." At Metro North, they tell a TDM success story regularly in staff meetings. That way, Prokopec says, workers will understand that they can reunify families. Teenagers don't have to spend years in a group home. Multiple placements ending in institutions are no longer a default setting for DCFS.

DCFS is learning to be more creative in finding alternative placements for these youth. They look more closely at the people youth identify as important in their lives, whether or not they are family. DCFS is assessing group home staff, for example, for placement possibilities, or mentors who have supported the youth. Managers at Metro North meet with workers before they sign off on any group home placement. Prokopec said: "They want to make sure we've looked at all other options before agreeing to a group home placement."

**Building support for permanency among group homes:** Youth involvement is critical to the success of a TDM, and both Prokopec and Pineulas know the power of focusing on youth strengths in front of their team. But some group homes are reluctant to allow youth to be present at their own meetings. They worry that youth may not be able to handle a two-hour meeting or cannot manage hearing others address their concerns and needs. The TDM facilitator does not have the power to demand the youth's presence, so, in these cases, a strong DCFS supervisor on the case is critical.

There is no one-size-fits-all group home, however, and many are changing. Some have been leaders in introducing wraparound services for children and families. Others have been at the forefront of advancing permanency for youth. Five Acres is a venerable service agency that has its origins in an orphanage founded in 1888. It evolved to include two group homes and a residential treatment center, as well as community-based programs, therapeutic family services and more. Five Acres began working with Metro North several years ago to achieve permanency for children in placement, including use of family finding and engagement. As the agency evolved, they added more outreach and work with families and even refocused their mission from helping children become caring and productive adults to helping families raise children to become caring and productive adults. Their current vision is one of “effective partnerships with empowered families.”

Robert Ketch, Executive Director of Five Acres, pointed out that they had to do a lot of education within their organization. They started by building the belief that permanency matters. Some of the youth at Five Acres are older teens. “They’ve had it with their parents,” Ketch said. “We must believe that they really do want a family and that the family connections are worth it and that some place, even in a messy family, there is a relationship that can really make a difference. And that even in a messy relationship, with some help, you can deal with a lot of issues that are leading a youth to be self-defeating or self-destructive.”

At first, working with families was a stretch for group home staff. Traditionally, helping families was secondary to supporting the children themselves. “In this field, we’re big-time rescuers, and rescuing kids has its emotional pull,” Ketch said. “But once we recognize that we’re not permanent in a child’s life, the rescue can be about families. When that transfer of rescue goes out to families, it gets to be really exciting.”

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Five Acres now has a team of three people working full time on permanency issues: two therapists and a parent partner. The parent partner is a woman whose children were in the system, who got her life together and now can share her own experience and wisdom with hard-to-reach parents and relatives. Five Acres knows the story does not end when a child leaves the group home with their family. Five Acres now has an aftercare program, as well as wraparound services and continuing care. In addition, Five Acres is one of three agencies in Los Angeles County working with DCFS on a Residentially Based Reform initiative.

## Impact of Permanency TDMs

Data cannot isolate the specific impact of permanency TDMs—or of the Youth Permanency Units, for that matter. Too many factors influence the results, and data can be interpreted many ways. But the mantra that children should not have to grow up in group homes is now broadcast up and down the line at DCFS. Prokopec believes TDMs make this shift a practical possibility for youth and their families. “There are intensive services like wraparound that can assist them in a foster home or relative care,” she said. These services not only are better for the child, but are less costly. Group homes in Los Angeles can cost more than \$80,000 a year. Wraparound services, which entail extensive, in-home support for families, average a little more than \$50,000 a year.

By June 30, 2008, 222 youth in group home placements across the county had a permanency TDM. These meetings resulted in identified permanency plans for 120 children to move to the home of a parent or relative or to a reduced level of placement, including foster family agencies, licensed foster homes or specialized foster homes. Between July and December 2008, facilitators completed an additional 460 permanency conferences. These conferences resulted in recommended plans for 48 youth to return to the home of a parent and 159 youth to move to a reduced level of placement, including relative care.

Prokopec and Pinuelas and the 12 other permanency TDM facilitators have covered a lot of ground in a short time. They are optimistic about the future. Prokopec’s vision “is that my position is probably going to be null and

void within a couple of years, or it's going to focus on something different." By spring, she predicted, "we'll probably be down to those youth who really need to be in a group home." And even for those, she added, "we'll be making plans with the family and DCFS and the group home for six months or nine months or 12 months max." Prokopec concluded with a smile: "I'm working myself out of a job."

The real impact of both the permanency TDMs and the Youth Permanency Units is felt by the youth themselves. The stories of their young lives rarely have a fairy-tale ending. Many will not walk out of their group homes side-by-side with a parent. But they have family connections now. They regularly see relatives some did not even realize they had. They are more aware of their family histories and their own personal stories. Many are leaving group homes to live with relatives or in other more family-like settings. This is the practical progress DCFS has in mind.

### Case Story: Dealing with the Unexpected

TDMs almost always are complex and often full of surprises. Pinuelas cited the case of a 15-year-old boy who had been in placement since the sixth grade. The mother and grandparents came to the TDM, but they were expecting a "perfect pre-teen," which they did not get. Pinuelas said: "The mother and grandparents were so inappropriate at the initial permanency conference that staff had to take the youth out of the room." The mother's ex-partner, who was also at the meeting, was more realistic. Since the TDM, he has been participating in family therapy with the youth, who is now doing well. The goal is for the teen to move in with him. Had they not called this TDM, it is highly unlikely that the child would even have made contact with the mother's former partner.

## A Wider Scope of Reform

DCFS, like many child welfare agencies working to improve outcomes, has an umbrella of reform activities going on simultaneously with many partners. Key partners and initiatives include:

- **Casey Family Programs:** Casey Family Programs (CFP), the nation's largest operating foundation focused solely on foster care, is an integral partner in multiple reforms taking place in Los Angeles. Headquartered in Seattle, CFP's goal is to increase the safety and well-being of children by strengthening families and finding permanent families for children in foster care. CFP believes those goals can be achieved by safely reducing the foster care population by 50 percent by the year 2020 and reinvesting the savings that result in systems improvement. DCFS has joined Casey Family Programs in the pledge to reduce its foster care population by half by 2020.

The partnership between Casey Family Programs and DCFS is a close one. In Los Angeles, CFP provides technical assistance, evaluation and support for staff under the federal flexible funding waiver, as well as other resources. CFP is interested in what can be learned about leadership, practice change, and how public/private partnerships can lead to improved outcomes for children and families. Bonnie Armstrong, CFP's director of strategic consulting in Los Angeles County, told DCFS: "If Casey is going to meet our goals nationally, we need to support you in meeting your goals in Los Angeles. As you continue to improve outcomes for children and families, we can share what is working well here with other jurisdictions across the country."

- **Probation Department:** The Probation Department is a partner with DCFS in the federal waiver. Foster care funds support approximately 2,000 youth on probation in Los Angeles County, most of them in group

homes or other residential placements. Probation leaders share the goals of DCFS in reducing the length of stay and increasing intensive, individualized services for youth and their families. Probation's first-year waiver strategies included implementation of a strength-based case assessment and planning process and Functional Family Therapy (FFT), a family-focused aftercare program. In the first year of the waiver, the length of stay for youth receiving FFT services decreased by an average of six months. Put another way, Probation used 1,098 fewer group home bed days during the first year of the waiver. In the period July 2008 to December 2008, the number of probation youth in group home care decreased by 7.8 percent. This was accompanied by caseload reductions for supervisory deputy probation officers.

- **The Prevention Initiative:** The Prevention Initiative Demonstration Project is a \$5 million, one-year effort funded by DCFS. It is targeted to high-risk neighborhoods in each of the Service Planning Areas (SPAs) in the county and aimed at building community support networks to help families stay out of the system or leave quickly. The demonstration project, which goes through June 2009, embodies a three-part theory of change that suggests a reduction in child abuse and neglect will occur if:
  - Families are less isolated and can access the support they need.
  - Families are economically stable and can support themselves.
  - Activities and resources are integrated in communities and accessible to families.

The Prevention Initiative and waiver activities fit together as a potentially seamless system of support for families and children. POE includes services delivered to families by community providers. The permanency efforts put youth back in family settings with wraparound services from the community. The vision of the Prevention Initiative links DCFS, nonprofit agencies and other county departments to strong communities, which help build stable families. Stable families nurture safe and healthy children, who grow up to support strong communities.

- **Katie A. Settlement:** The Katie A. settlement of a class action lawsuit focused on the mental health needs of children in foster care or at risk of entering foster care. Under the settlement, DCFS was ordered to expand screenings and assessments for these youth and to make sure youth in the child welfare system get the mental health services to which they are entitled. Close collaboration with the Department of Mental Health is the most important ingredient.
- **Residentially Based Services Reform (RBS):** As is clear from this report, DCFS is taking a new approach to its work with group homes. The state also is taking a leadership role and in 2007, passed a bill authorizing four counties or groups of counties, including Los Angeles, to develop and test new models of residential care. The initiative is designed to transform group homes into a system of short-term stabilization and targeted treatment, preferably no more than nine months. Permanency will be a front and center concept. The child and family will receive wraparound services from the start, and child and family teams will coordinate community support in order to provide a seamless transfer back to the community. DCFS will work with three agencies in Los Angeles. There are no extra funds for this initiative; it is intended to be cost neutral, using funding already allocated for residential placements. The lessons learned will inform planning for statewide RBS reform to be considered by the legislature in 2011.
- **Linkages:** Especially in the current economy, there is a significant overlap of DCFS families and those served by CalWorks, the public assistance arm of the Department of Public Social Services (DPSS). State figures show that about 45 percent of children in Los Angeles County's child welfare system in 2002 had parents on public assistance at some point during the year. Linkages is an interdepartmental effort

between DCFS and DPSS focused on prevention and early intervention, making sure that families get both employment skills and parenting support. County-wide rollout is planned in 2009. Strategies include co-location of staff, TDMs, screening of DCFS families for DPSS programs and service coordination to ensure families on public assistance get both family preservation and family reunification services.

- **Promoting Safe and Stable Families (PSSF) and the Child Abuse Prevention, Intervention and Treatment Program (CAPIT):** These are federal and state funding streams that help prevent unnecessary placement of children outside the home through use of family support services, family preservation, time-limited family reunification, adoption promotion and child abuse prevention. DCFS is exploring the possibility of creating a more efficient and effective family-centered, strength-based, data-driven service delivery system by integrating these funding streams and services. For Los Angeles County, this represents approximately \$55 million a year.

DCFS leaders are well aware that they have multiple initiatives going on at any given time. They are mindful of the need to keep them moving in harmony and what it means for so many departments to work as partners in supporting children and families. DCFS Director Trish Ploehn said: "There is no way we are going to successfully serve all the children and families of this county unless every department and every community-based agency and our Board of Supervisors and our commissions understand that we all have the responsibility to work together to keep children safe. That means DCFS must be forthright and open and welcoming in bringing people to the table. It also requires us to go to other people's tables and to share our resources and expect others to share theirs."

## Evaluation

Evaluation in the field of child welfare is a complex undertaking. Success is not simple and is rarely absolute. Much of the data on the specific waiver strategies still depends on manual tracking. Nevertheless, the state, county, DCFS and Casey Family Programs are committed to learning from the reforms taking place and are sponsoring a range of qualitative and quantitative approaches in order to assess progress:

- The terms of the waiver require a third-party evaluation, and the state contracted with Charles Ferguson of the School of Social Work at San Jose State University. He is doing process, fiscal and outcome studies, examining data for child welfare and probation in both Los Angeles and Alameda counties, and tracking key indicators over time to compare pre- and post-waiver results. He also is conducting key stakeholder interviews and expects to release an interim report in early 2010 and a final report in 2012 at the end of the five-year waiver project.
- The Prevention Initiative is the focus of a diverse group of evaluators who are conducting a place-based, strength-based and family-centered package of evaluations. Evaluation components include surveys, focus groups, interviews and case studies. The evaluators include staff from Casey Family Programs, University of Southern California, Claremont Graduate University, Stanford University, California State University-Long Beach, UCLA and First 5 LA, a nonprofit that funds programs for children up to 5 years old. In January 2009, a preliminary report on the Prevention Initiative's first six months celebrated some early successes and gained laudatory comments from members of the Board of Supervisors. Upcoming reports will look at different aspects of the Prevention Initiative and how POE works together with prevention to divert families from entering the system.
- On a regular basis, DCFS and Probation sponsor a series of county-wide learning sessions, in which staff from both departments join with community partners and stakeholders to discuss the lessons they are learning from their work together. In 2009, these meetings also will include other county departments that

work with the same families as DCFS.

- Reports sponsored by Casey Family Programs, including this one, will chronicle the stories of the leaders, workers and families over time.

DCFS has hefty aspirations for practice change. Leaders are using data as a learning tool, not as a hammer. Because California has one of the best child welfare data systems in the country, DCFS leaders and managers can closely follow their own progress over time—down to the regional office level—to see what works and what needs to be improved. Director Ploehn reports that it is now common practice for regional managers to call one another to compare notes on data results and ask advice. This is the kind of learning—built on trust and a spirit of inquiry—that DCFS wants to model and to spread throughout the system.

## Cost Benefits of Practice Change

Practice change takes political will, leadership and good communication skills. It takes effective management, solid teamwork and ongoing collaboration with partners in other agencies and the community. It takes evaluation and attention to the lessons learned. But doing business differently does not necessarily cost a lot of extra money.

Funds are needed for training and for tools such as the BSAP assessment for POE. (SHIELDS estimates that each assessment cost \$350 in staff time; a one-time licensing fee covers use of the tool itself.) Funds also are required to support lower caseloads for caseworkers. Community organizations need resources to provide the services that will keep families safe and at home. Currently the organizations that support families following an upfront assessment are funded through a combination of DCFS, Department of Mental Health, the Department of Alcohol and Drug Abuse and private grants. Ongoing funding for these services is a growing concern in a rocky economy.

However, if you look at the cost of placement in Los Angeles, the savings from well-implemented strategies such as the ones described in this report can save—in fact, already have saved—millions. In the first year of the federal flexible funding waiver, DCFS generated \$28.9 million in re-investable funds. The first-year waiver strategies are an investment in the future.

Every time a Youth Permanency Unit worker closes a case and a child exits a group home, it is likely a case that would not have closed without the flexible funds made possible by the waiver. Every time an Up-Front Assessment leads to targeted services and avoids placement, it is likely a family that would have been separated in the past and will now remain together. Group homes in Los Angeles County can cost more than \$80,000 a year. Foster care costs more than \$21,000. When fewer children enter the system or the length of stay in foster care decreases, money is saved. When fewer children are placed in costly group homes or step down more quickly, money is saved. These are savings that can be reinvested to help other families and continue the downward trend of foster care placements in the county.

On the last day of January 2009, there were just 937 children in group homes throughout Los Angeles County, down 30 percent from 1,343 children on the last day of June 2007, just before the waiver went into effect. No single reform effort made the difference. Practice change comes from a new philosophy and a basket of new approaches that work together to influence outcomes. Practice change also leads to savings that can be redirected elsewhere to support children and families.

Better child welfare practice also yields another kind of cost savings. Anyone who has ever heard the sobs of a child separated from his or her mother or father knows there is an emotional cost to families and children who are lit up. Icenhower from SHIELDS pointed out: “Children are the glue that hold people together. You remove the glue, and you remove all the hope they have. Sometimes parents will make it back to get help, but most of the

time you have just pulled the last thread from them, and it may take them forever to get it back again.” There is a huge emotional toll on youth who grow up in foster care.

Finally, there are the benefits to communities of doing business differently. Icenhower believes Compton already is experiencing some of those benefits. SHIELDS is seeing more intact families coming in for services. With POE integrated into their community, she thinks they are getting to families sooner and “not tearing them apart.” Icenhower said: “We now have a much more stable community.” Stable communities mean less crime, less violence, more economic opportunities and a better tax base—a renewable circle of support.

## **A Defining Moment: Difficult Choices, Difficult Times**

By January 2009, it was clear that Los Angeles, along with the rest of the country, was facing a serious economic downturn. The seasonally adjusted unemployment rate in the county rose to 10.5 percent in that month, and there were indications it could go higher. The state faced a \$42 billion budget deficit that could have major trickle down effects on the county’s budget and therefore on DCFS. State and local politicians were discussing “doomsday” solutions.

The good news was the \$28.9 million in re-investable funds that DCFS generated during the first year of the waiver. The difficult news was deciding how to reinvest it. The waiver itself stipulates that savings must be reinvested in child welfare services, a deterrent to the argument that DCFS share its savings with other county agencies during difficult times. DCFS could, however, put some of these savings aside. This “rainy day” scenario stemmed from worries that increasing unemployment and poverty could lead to more abuse and neglect and an upturn in foster care. Because the county gets a capped allocation under the waiver agreement, it will not receive additional funds if the number of children in placement rises.

DCFS leaders thought long and hard about this dilemma and asked the Children’s Research Center for a trend analysis to determine whether previous economic downturns in Los Angeles had corresponded with an increase in foster care placements. The results showed no clear correlation in the past between increased unemployment and increased numbers of children and youth in foster care. This was reassuring, although DCFS recognizes that the current economic downturn is uncharted territory.

Nevertheless, DCFS made a bold decision to invest in community resources now and keep the reform momentum moving forward. They asked the Board of Supervisors to approve a reinvestment plan that would not only expand the first-year strategies as implemented, but also invest in prevention activities to support families during challenging economic times in their own communities. The Board agreed. Specifically, the waiver funds will be used to:

- Extend the use of Up-Front Assessments across the county, adding additional community-based services to keep children at home safely.
- Support prevention activities, including a focus on those hotline calls that can be safely diverted to community organizations before problems escalate.
- Expand TDM conferences for families investigated at night and on weekends by the Emergency Response Command Post.
- Fully staff the Youth Permanency Units in Metro North, Pomona and Santa Clarita.
- Restore funds to four programs affected by federal cuts under the Promoting Safe and Stable Families (PSSF) program.



Yogi Berra once said: "Predictions can be tricky, especially when you're talking about the future." DCFS cannot predict the future, but they do want to influence it. Leaders are facing an economic forecast full of gloom and uncertainty. That's exactly why the agency felt the urgency to act now to expand these innovative services that hold so much promise for families. DCFS believes holding back at this point runs a risk of returning to a child welfare system that depends on placement as its main response.

DCFS will continue to keep a close eye on entries and exits into the system, which they do in any case. Director Ploehn admitted that "no one has a crystal ball, but we believe that the work this county has done with the understanding that we were going to build community capacity and a safety net for children and families...is going to be the saving grace for our county's children, despite our economic stress."

## Challenges Ahead

With the recession still looming, DCFS, along with all departments in the county, is looking at cuts in its administrative budget. But there are other challenges to face as well. Some may seem mundane, but they nevertheless affect the day-to-day progress and practice of child welfare and particularly the expansion of reform. A few examples:

- **18 different offices, 18 different stories:** Los Angeles County is large and diverse, and the regional offices serve vastly differing demographics. One regional office alone has more children in care than some states. The offices also are at different points in terms of implementing reforms. Building support among the thousands of workers and supervisors who are in the field obviously does not happen overnight.
- **So many initiatives, so little time:** DCFS is blessed with progressive leadership and robust community organizations with which to partner. The regional offices of DCFS are introducing and juggling numerous initiatives, trainings and meetings, all the while continuing the day-to-day work of supporting families and keeping children safe. Many stakeholders are involved in these reforms, which helps build public will and sustain change. But precisely because there are so many stakeholders who have a voice, it can take longer to expand change.
- **Worker caseloads:** DCFS knows that if worker caseloads rise too high it could put a big dent in progress. In the past, if placement rates decreased, it was common practice to reassign workers, thus increasing the caseloads for those who remained. But DCFS is committed to lower caseloads across the board and to giving workers time to help those families who need it the most. The Youth Permanency Units have shown clearly the benefits of small caseloads. Now offices that decrease the number of children in care will be able to hold onto the resulting lower caseloads for all their caseworkers.
- **Re-entry rate:** The re-entry rate in Los Angeles is below the federal standard—a good sign—but when leaders cast their careful eyes on data in 2008 and saw a small increase in re-entries, it was a cause for concern. By examining the numbers and looking case-by-case as their data allows them to do, DCFS realized the increase was not so much due to re-abuse, but to problems around placement with new family members. Family finding is now so successful at DCFS that they sometimes place children with non-offending parents and relatives who are not always prepared to parent. Director Ploehn said: "There's a lesson for us. Parenting is a tough job and we can't just send the child to a non-offending parent and then say, 'Good luck.' We need to stay involved and make sure the parents have the support they need."

## Conclusion: It's All About Practice Change



*People go through three stages of commitment to family-centered practice. The first is: 'Oh, we're already doing that.' As they learn more about what it really means, they get to the second stage: 'There's no way we could ever do that.' Then, finally, they get to the third stage: 'We can't not do that for our children and families.'*



—Sandy Lint, Iowa Department of Human Services

Practice change at DCFS is moving steadily across the county, one worker and one office at a time. It is still true, for the moment, that two families with similar problems may have two different experiences with DCFS, depending on where in the county they live. In both cases, the department looks at child safety issues. But the response, the services offered and the speed with which services are delivered can differ in different parts of the county.

Despite differences from office to office and worker to worker, DCFS is walking a path that leads straight to the third stage of family-centered practice. Some staff members already are there and leading the way among their peers. It is not unusual to hear a social worker like Wendy Luke say of the POE work in her Compton office: "I can't imagine going back to an office where they did the old way of work. That would probably drive me crazy."

DCFS does not want to drive staff like Wendy Luke crazy. That's why they used their flexible funds to help build a package of practice changes. What matters is not that the reforms are in different stages of county-wide saturation in this second year of waiver implementation. What matters is that DCFS and the Board of Supervisors recognize that these practice changes illustrate a smarter way to do business and need to be replicated. What matters, too, is a new understanding of best practices, both within the child welfare agency and in the relationship between the agency and its community partners.

At DCFS, the vision and the plan for expansion are intact. Managers don't always know how to get where they want to go, certainly in the midst of such challenging economic times. As ARA David White said about the path to youth-led permanency meetings in Pomona: "It's kind of like a systematic approximation of getting to a goal. You can never go straight towards it, because many times the process of getting there is unknown, and you have to try something and then try something else and then try something else...It's a constant state of fluid adjustment."

DCFS has found renewed value in teamwork and in supporting its workers through the process of change. DCFS is beginning to see families as a resource—and families are eyeing DCFS differently as well. The reforms DCFS is putting in place are cost effective and yield savings for reinvestment. Managers are finding new confidence in using data to make decisions. Permanency is no longer an elusive goal.

Flexible spending reforms are in the national spotlight as well. A new administration in Washington D.C. is a good opportunity to look at more flexible federal funding to prevent abuse and neglect. In 2008, California's Blue Ribbon Commission on Children in Foster Care, a statewide panel focused on judicial reform, called for more flexibility in using federal foster care funds, as did the national Pew Commission on Foster Care a few years before. In addition, the eyes of other child welfare agencies are on DCFS, looking to the Los Angeles leadership to share its lessons about safely reducing the numbers of children in foster care.

DCFS Director Trish Ploehn still believes the flexibility of the waiver is one of the most important things the agency has going for it, along with the commitment and dedication of her staff. She said: "It is clear to us that if we did not have this waiver, we wouldn't have had the flexibility to initiate some of these strategies, we wouldn't be achieving the downward trend in the number of children in care. Without this waiver, there would be no money to put where our mouth is."

At DCFS, there is a tangible level of excitement among a growing group of workers and managers about the practice changes they are putting in place. The image that comes to mind is an electrical grid, with tiny lights turning on, one at a time, all across the more than 4,000 square miles of this large and diverse county. If the trend continues, the grid will be ablaze, not in wildfires, but in lights.

### ***About the Author***

Joanne Edgar is a communication consultant and writer based in New York City. She has been chronicling child welfare reform for Casey Family Programs and the Marguerite Casey Foundation for 10 years.



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Casey Family Programs' mission is to provide and improve—and ultimately prevent the need for—foster care. Established by UPS founder Jim Casey in 1966, the foundation provides direct services and promotes advances in child welfare practice and policy.

**Casey Family Programs**

**1300 Dexter Avenue North, Floor 3  
Seattle, WA 98109-3542**

**P 800.228.3559**

**P 206.282.7300**

**F 206.282.3555**

**[www.casey.org](http://www.casey.org)**

**[contactus@casey.org](mailto:contactus@casey.org)**



# **Cost-Effective Approaches to Improving Conditions for Maltreated Children and Accelerating Permanency Planning<sup>1</sup>**

**- A Review of Proven and Promising Programs for Reducing the Number of Children in Foster Care and a Rationale for their Expansion -**

## ***Executive Summary for Legislators and Other Policy-makers***

### **Prompt Action is Needed**

While the United States saw its athletes bring home more medals than any other country in the summer Olympics of 2008, our country performs less well than other industrialized countries with respect to infant mortality, family poverty, academic achievement and other areas of child well-being.<sup>1</sup> In fact, the United Nations ranked the U.S. 20<sup>th</sup> out of 21 countries on various outcome indicators for children.<sup>2</sup> Economic experts and business leaders are now saying that if we do not make a greater investment in the health and education of the youngest generation, we will not be able to compete with other countries or assume that future generations will be better off than previous ones.<sup>3</sup>

There is strong evidence that children need a minimum of five key experiences to succeed: (1) Caring adults in their lives; (2) Safe places to live; (3) A healthy start; (4) Effective education; and (5) Opportunities to help others. Developmental and economic science has linked these five experiences to better adult outcomes such as improved health status, less dependency on government, and higher wages.<sup>4</sup> To succeed in the new world economy America needs a strong workforce made possible by strong families living in supportive communities. Through quality prevention efforts in our communities, every child can be part of a safe, loving family. To achieve that result child welfare and allied services must prevent and treat child maltreatment by addressing key risk and protective factors.

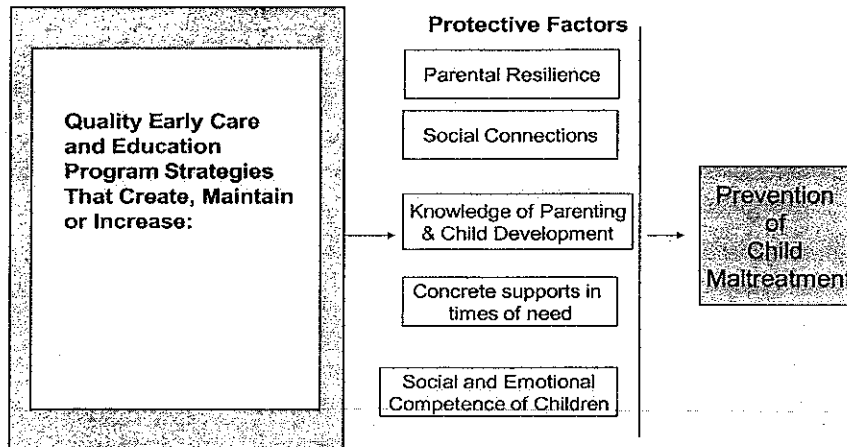
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<sup>1</sup>DRAFT: Revised: 9-22-09 (Public version V3) Compiled by Peter J. Pecora, JooYeun Chang, Dave Danielson, Cari DeSantis, Antoinette Malveaux, David Sanders, Regina Schofield, Joan Smith, Susan Smith, Rob Wakeling, and Susan Weiss, Casey Family Programs, 1300 Dexter Ave. North, Floor 3, Seattle, WA 98109.

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Research is available that shows there are five evidence-based protective factors that can prevent child abuse and neglect. A comprehensive literature review completed by the Center for the Study of Social Policy highlights how these protective factors can reduce child abuse and neglect when programs, particularly early care and education programs, build certain capacities with families in the areas listed in Figure 1:<sup>5</sup>

**Figure 1. How Early Childhood Programs Contribute to Prevention of Child Abuse and Neglect**



### Context For Reform

Every year in the United States about 794,000 children are confirmed as victims of child maltreatment, and on any given day nearly 500,000 children are living in foster care. Most children are placed due to some form of parental neglect, while others have been physically, sexually or emotionally abused. Some children, however, have been placed due to their severe emotional or behavioral conditions that require specialized treatment. While many families have benefited from their involvement in child welfare, some practice approaches and well-intended but faulty policies have failed countless children and families over the years in terms of preventing the occurrence and reoccurrence of child maltreatment. Some experts have argued that too many children have been placed in foster care where child outcomes are often negative:<sup>6</sup>

- More than 270,000 prisoners in America today were once children in foster care.
- One-quarter of the children who "age-out" of the foster care system at 18 will experience homelessness.
- Children who have experienced foster care suffer from post-traumatic stress disorder at a rate similar to U.S. war veterans of Vietnam and Iraq.

Fortunately, things are changing. Across the country, some child welfare leaders, partners and policymakers are acknowledging shortcomings of the past and are committing themselves to improved policies and practices. Former assumptions are being challenged, child welfare

organizations are collaborating with new and traditional partners to improve services. And in some states, more evidence-informed intervention approaches are being implemented. Meanwhile, the child welfare field is becoming more scientific, using better tools for caseworkers, judges, mental health providers and families to serve vulnerable children. As a result, child welfare agencies are finding answers that help more children live in safe, nurturing and permanent family homes.

Many public and private child welfare programs across the country, including Casey Family Programs, support policies and practices that will ensure the most effective services for every child and every family. A primary goal of Casey Family Programs is to ensure that every child in America has a safe, stable and loving family that they can forever call their own. Retaining children safely in their family home and community eliminates additional challenges children face when they are removed from their home of origin.<sup>7</sup>

### **State and County Child Welfare Agencies Have Reduced the Use of Foster Care Safely**

A total of 20 states (out of 52 total jurisdictions that include Washington D.C. and Puerto Rico) that have reduced foster care entries by 15% or more during 2005-2008. These include **Hawaii, Florida, Georgia, Montana, Oregon**, California, Maryland, **Missouri**, DC, **North Carolina**, Michigan, Pennsylvania, Nebraska, Oklahoma, Idaho, **Delaware**, **Texas**, Virginia, **Iowa**, and Utah. That is 20 of 52 jurisdictions. The states in bold are those with a greater than 20% decrease in entries over that time period.<sup>8</sup> In addition, New York City and Los Angeles have also made huge strides in reducing the use of foster care placement.

### **The Need for More Evidence-Informed Practice Strategies**

The United States needs more research on family strengthening and child placement prevention strategies that will be cost-effective, replicable, and culturally and linguistically appropriate. Public-private collaborations need to work with non-partisan groups such as the Center for Evidence-based Policy, the Society for Cost-Benefit Analysis, and the MacArthur Foundation to evaluate policy, program and research initiatives to help ensure that cost-benefit and other economic analyses are conducted.

Practice, administrative, policy and other system reform strategies do exist that can improve conditions for maltreated children and accelerate permanency planning, thereby safely reducing the number of children in foster care. Especially in times of fiscal constraints, programs are needed to achieve these goals so that placement cost savings can be reinvested in higher quality services for the children who absolutely need out-of-home care. This executive summary of a Casey working paper begins by summarizing the following interventions that will help parents improve their child-rearing abilities in ways that will help them avoid child placement and which have evidence of cost-effectiveness (see Table E.1):

- Chicago Child Parent Centers
- Home-Visiting: *Nurse Family Partnership* for Low Income Families
- Intensive Family Preservation Services (Homebuilders® model)
- Intensive Family Reunification Services (Homebuilders® model)

- Parent Child Interaction Therapy
- TripleP--Positive Parenting Program

Table E.1. Program Costs and Benefits

Program	Total Benefit-to-Cost Ratio (dollars in benefits for every one dollar of program cost per participant)	Total Benefits Minus Costs (per participant)
<b>PROGRAMS THAT DIRECTLY REDUCE FOSTER CARE</b>		
Intensive Family Preservation Service Programs (Homebuilders® model) <sup>a,c</sup>	\$2.54	\$4,775
Parent-Child Interaction Therapy (Oklahoma) <sup>a</sup>	\$5.93	\$4,962
TripleP--Positive Parenting Program <sup>d</sup>	\$4.09 (1 year of benefit)	Not applicable
<b>OTHER PREVENTION PROGRAMS</b>		
Chicago Child Parent Centers <sup>a</sup>	\$4.82	\$31,036
Nurse Family Partnership for Low-Income Families <sup>a,b</sup>	\$3.02	\$18,054

<sup>a</sup> Washington State Institute for Public Policy estimates as of May 2008. Final report is available at <http://www.wsipp.wa.gov/rptfiles/08-07-3901.pdf>

<sup>b</sup> The Nurse-Family Partnership and home-visiting meta-analysis data are from Lee et al. (2008). The program cost data are net present value, 2007 dollars compared to the cost of alternative. The program benefit data are net present value, 2007 dollars. The RAND Corporation has independently estimated that the return for each dollar invested in Nurse-Family Partnership was \$5.70 for the higher-risk population served and \$2.88 for the entire population served (in \$2003). Their estimate does not include cost savings attributable to reductions in subsequent pregnancies or preterm births. Actual cost savings are likely to be larger given the significant expenses associated with these conditions. (See L.A. Karoly, M.R. Kilburn, J.S. Cannon. (2005). *Early Childhood Interventions: Proven Results, Future Promise*. RAND Corporation, Santa Monica, CA: MG-341-PNC, 2005 <http://www.rand.org/pubs/monographs/MG341>.)

<sup>c</sup> WSIPP presented a single benefit-cost analysis for Homebuilders®-style Intensive Family Preservation Service Programs here. In a meta-analytic table, they presented effect size estimates in three ways: (1) for IFPS programs focused on reunification of children already placed out of home, (2) for programs focused on preventing children from being removed from home, and (3) for all IFPS programs. The benefit-cost estimates were nearly identical for the reunification and prevention programs, so they combined them.<sup>9</sup>

<sup>d</sup> Also see the Triple-P websites: [www.triplep.net](http://www.triplep.net) and [http://www.paxis.org/triplep/PPP\\_flash.aspx](http://www.paxis.org/triplep/PPP_flash.aspx).



***Note that while the Casey working paper highlights foster care reduction strategies with evidence of effectiveness, many large-scale county and state child welfare reforms experiencing success have implemented groups of strategies, such as alternative response/differential response, structured safety and risk assessment approaches, aggressive and repeated searches for relatives, family group conferences and family team decision-making, concrete help for families, and community-based supports to strengthen families, in addition to specific public policy reforms and intervention strategies.***

## **Current Challenges**

Many frontiers for further development remain to be addressed, including permanency planning for older adolescents and post-permanency services. We believe that there is no single solution to the complex challenge of reducing rates of foster care. And as described in the paper, the levels of research evidence do vary and some strategies have much more of an empirical basis than others. (See Table E.2.)

In addition, using economic data can be complex. For example, cost effectiveness is usually best seen relative from one strategy or investment to another. We must recognize that a decision to invest has alternatives, especially recognizing a jurisdiction's existing infrastructure. Furthermore, we should be clear what presumed level of service is provided for a particular cost-effective approach as compared to another strategy. Are we comparing interventions with comparable parameters? For example, does one family-serving program accept only families with minimum needs or does the program use aggressive recruitment methods to provide services for all families regardless of family need or risk levels?

Despite the complexities of economic analysis, a compelling fiscal case can be made. Consider this example based in large part on actual Los Angeles data:

The average timeframe for family reunification in Los Angeles was reduced from 33 months in calendar year 2000 to about 26 months currently, a reduction of 7 months. There were also about 6500 family reunifications in Los Angeles County in 2008. We could ask our Finance/Budget section to determine the average cost of having a child in care for each month. Hypothetically, if the cost is \$500 per child per month, then you could calculate that LA County would have saved about \$22.75 million in 2008 (7 months multiplied by 6500 cases, multiplied by \$500). This figure could be adjusted to describe the costs per group home child, the cost per foster family child, etc. Arguably, we could then reinvest nearly \$23 million in our children depending on services, resources and other factors.<sup>10</sup>

Also, program implementation has varied substantially across some foster care reduction and related prevention programs due to such factors as inadequate planning, variation from the core model parameters, jurisdiction or context uniqueness. Program administrators and evaluators need

to monitor fidelity to the program model, and should employ randomized control groups or other kinds of rigorous research designs to determine program impact. Concerns have been raised about the scaling up of innovative services and implementation of them without ensuring fidelity. These are becoming core principles in the development of evidence-based and evidence-informed interventions for child welfare services.

Finally, funding streams that do not require inordinate agency “braiding” of different funding sources are essential to sustain and grow the best of these foster care reduction programs. The Casey working paper provides a rationale for those investments and describes a range of cost-effective practice, administrative, policy and other system reform strategies that should be considered to safely reduce the number of children in foster care.

### **Implications for Legislators**

The strategies and programs described in this Casey working paper and Table E.2 demonstrate that there are proven and promising practices that improve the conditions for maltreated children and help parents safely avoid child placement. Note that there is much less evidence that some of these programs will prevent foster care or shorten a child's length of stay in foster care. Thus many of these strategies need to be more fully replicated with rigorous evaluation designs to confirm their effectiveness. Some of these practices address the need to increase investments in prevention, early intervention and increased permanency options that benefit all children in care but may have the additional effect of reducing racial disparities.

The following state and federal policies should be implemented that support states to improve outcomes for all children who are or at risk of entering the child welfare system:

- 1. State agency use of research-informed practice approaches:** Legislators and agency leaders need to demand that the services provided directly by public agencies or purchased by them use evidence-informed practices whenever possible.
- 2. State fiscal support:** The Fostering Connections to Success and Improving Adoptions Act that passed unanimously in both the House and Senate last year will help improve outcomes for many vulnerable children and families, as well as reduce racial disparities in child welfare. In particular, the option for states to use federal funding to support subsidized guardianships will enable more children from all racial groups find safe, stable and permanent homes outside of foster care.
- 3. Federal finance reforms:** As Congress considers ways to continue child welfare reform policies they must reform the financing structure so that states receive flexible funds that they can use to reduce the need for foster care whenever possible, increase investments in prevention and early intervention, and provide supports that ensure that every child in America has a safe, permanent family and the security of someone to rely upon for love, protection, and guidance. States should have the flexibility to use federal funds to provide the supports necessary to ensure that these families remain permanent. Supports should follow the child to ensure that families have what they need to ensure the healthy development of children and reduce the likelihood that they will re-enter care.

## **Conclusions**

The Casey working paper shows that it would be worth investing community and agency resources in these practice strategies. If implemented carefully, these strategies should result in stronger families and improved child safety, while inappropriate use of foster care is decreased. The recommendations listed above are steps necessary to reach our policy goals of collective accountability for the safety, permanence and well-being of all of our nation's children. As such, these recommendations represent a fundamental and essential process of on-going quality improvement for the child welfare system.

The field is beginning to recognize that there are certain program essentials that must be in place to help ensure strong families and safe child-rearing environments, thereby minimizing the use of foster care. These include objective but culturally competent safety and risk assessment methods, highly trained CPS intake staff, strong networks of alternative/differential response agencies, and an array of effective family support services.

Every agency also needs to analyze their pattern of referrals and placements to identify types of family situations or other aspects that need special attention. States, counties and tribes will benefit from scaling up foster care reduction strategies with a strong evidence base, while large-scale trials are launched for those promising and affordable strategies with less evidence of effectiveness. Strong, consistent agency leadership is essential, along with a clear and compelling rationale for why this approach is so vital to meeting the needs of children and their families. This executive summary closes with a table of promising foster care reduction strategies.

**Table E.2. Strategies to Consider for Reducing Foster Care Placement Rates and Duration**

Strategies	Strategies Appropriate for Key Paths to Foster Care Reduction		
	Decrease Entries and/or Re-Entries	Decrease Time in Care	Increase Exits from Care
<b>COST-EFFECTIVE PROGRAMS</b>			
• Chicago Child Parent Centers	X		
• Nurse Family Partnership for low income women	X		
• Intensive family preservation and family reunification services using the <i>Homebuilder's</i> ® Model	X	X	X
• Parent Child Interaction Therapy	X		
• Triple-P Positive Parent Partnership	X		
<b>EFFECTIVE PLACEMENT REDUCTION PROGRAMS WHICH LACK COST-BENEFIT DATA</b>			
• Casey Family Services Family Reunification Program		X	X
• Family Connections	X		
• Kinship Care	X	X	X
• Multi-Dimensional Treatment Foster Care	X		
• Parents as Teachers - Born to Learn	X		
• Parent Training Using the <i>Incredible Years</i>	X		
• Project Connect for substance-involved parents	X	X	X
• Subsidized Guardianship	X	X	X
<b>PROMISING PLACEMENT REDUCTION PROGRAMS WITH LESS EVIDENCE OF EFFECTIVENESS</b>			
• Casey Family Programs family foster care		X	X
• Dialectical behavior therapy for substance abuse treatment (DBT)	X	X	X
• Differential response and alternative response services for child protective services, including <i>Point of Engagement</i>	X	X	X
• Family-based community substance abuse treatment programs	X	X	X
• Family/dependency drug courts	X	X	X
• Family engagement strategies	X	X	X
• Family Finding	X	X	X
• Family group conferences	X	X	X

	Strategies Appropriate for Key Paths to Foster Care Reduction		
Strategies	Decrease Entries and/or Re-Entries	Decrease Time in Care	Increase Exits from Care
• <i>Functional Family Therapy</i>	X		
• <i>Healthy Families America</i>	X		
• <i>Multi-Systemic Therapy</i> for families involved in child welfare	X		
• Parent training using the <i>Nurturing Program</i>	X		
• <i>Project SafeCare</i>	X		
• <i>Structured Decision-Making</i> and other forms of safety and risk assessment	X	X	X
• Wraparound Services	X	X	X
<b>REFORMS OF ADMINISTRATIVE PROCESSES AND SERVICE SYSTEMS TO REDUCE FOSTER CARE</b>			
<b><i>Intake and Outreach Strategies</i></b>			
1. Placement of the most expert and energized staff at the intake and crisis units so those with the most skill in those areas help assess accurately and divert families from the system whenever possible.	X		
2. Child protective services referral and service patterns are closely scrutinized -- these are time-mapped and geo-mapped to understand which children are most vulnerable to placement (e.g., who is referred, when and from where are they referred).	X		
3. Public assistance (TANF) and child welfare service units are more closely integrated. <sup>11</sup>	X		
<b><i>Family Support, Family Reunification and Permanency Planning:</i></b>			
4. <i>Family to Family</i> foster care services reform	X	X	X
5. Juvenile court judges hold more frequent hearings, hold hearings in local child welfare offices, and use other methods to reduce court review backlogs.		X	X
6. Family court systems are reformed to better involve parents and extended families, including <i>mandatory</i> family-group conferencing/decision-making.	X	X	X
7. Practice experts team with policy specialists and parent representatives to review the cases of children stuck in the system.		X	X

Strategies	Strategies Appropriate for Key Paths to Foster Care Reduction		
	Decrease Entries and/or Re-Entries	Decrease Time in Care	Increase Exits from Care
8. Domestic violence services improvement (increase access and integration).	X	X	X
9. Substance abuse treatment (increase access and integration).	X	X	X
10. Mental health treatment for parents and youth (increase access and integration).	X	X	X
11. Parenting courses are improved (better targeting of who needs what and use of high quality curricula).	X	X	X
12. Fathers and their relatives are more actively engaged through special outreach efforts.	X	X	X
13. Kinship Navigator program	X	X	X
14. Cultural practice consultants are made more readily available to staff.	X	X	X
15. Improved respite care and skills training for foster parents (so placements are more healthy and stable to help children achieve permanency)		X	X
16. Services funding and performance expectations for contract agencies are changed to reinforce placement prevention and shortened length of stay through timely achievement of permanency. (This often requires buy-in and support of the Governor and key judicial personnel.)	X	X	X
17. Specialized groups of skilled CW agency veteran retirees are brought in to help children with long-term lengths of stay		X	X
<b>Facilitation of Adoptions and Guardianships:</b>			
18. Practice disincentives are removed (e.g., adoption and guardianship payments are optimized to encourage sound permanency practices).		X	X
19. Specialized or supplemental groups of staff focus on helping children who are free and placed for adoption finalize those adoptions.		X	X
20. Local private law firms donate time to speed up adoptions for children through <i>pro bono</i> services.		X	X

Strategies	Strategies Appropriate for Key Paths to Foster Care Reduction		
	Decrease Entries and/or Re-Entries	Decrease Time in Care	Increase Exits from Care
21. Specialized media support, pro bono professional photographer services and other strategies are used to help children and older youth be adopted (e.g., <i>Heart Gallery of America</i> , <i>One-Church One Child</i> , <i>You Gotta Believe</i> cable TV show in NYC, <i>Wednesday's Child</i> ).		X	X
22. Legal and fiscal experts streamline and improve the process and incentives for subsidized and non-subsidized guardianship.	X	X	X

**Note:** A strategy might be appropriate for a particular reduction path but evidence is not yet available, so the path is not marked with an X.

## Reference Notes

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<sup>3</sup> Sawhill, I. (2008). Paying for investments in children. In First Focus. (2008). *Big Ideas for children: Investing in our nation's future*, Washington, D.C.: First Focus, p. 31.

<sup>4</sup> Cunha, F. & Heckman, J.J. (2006). Investing in our young people. Alexandria, VA: America's Promise Alliance. Most high school dropouts see the result of their decision to leave school most clearly in the slimness of their wallets. The average annual income for a high school dropout in 2005 was \$17,299, compared to \$26,933 for a high school graduate, a difference of \$9,634 (U.S. Bureau of the Census, 2006). The impact on the country's economy is less visible, but it is nevertheless staggering. If the nation's secondary schools improved sufficiently to graduate all of their students, rather than the 70 percent of students who are currently graduated annually (Editorial Projects in Education, 2008), the payoff would be significant. **For instance, if the students who dropped out of the Class of 2008 had graduated, the nation's economy would have benefited from an additional \$319 billion in income over their lifetimes.** [Emphasis in original.] (Alliance for Excellent Education, 2008, p.1). (For the impact on crime reduction and earnings, see Alliance for Excellent Education, 2006). See:

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Stories of Prevention  
in Los Angeles County:

**DCFS and Community  
Agencies Join Hands To  
Support Families and Children**



**The Prevention Initiative Demonstration Project**

**July 2009**



Casey Family Programs' mission is to provide and improve – and ultimately prevent the need for – foster care. Established by UPS founder Jim Casey in 1966, the foundation provides direct services and promotes advances in child welfare practice and policy. Casey Family Programs' goal nationally is to increase the safety and well-being of children by strengthening families and finding permanent families for children in foster care. The foundation believes those goals can be achieved by safely reducing the foster care population by 50 percent by the year 2020 and reinvesting the resulting savings in systems improvement.

This report was made possible with financial support from Casey Family Programs and the Los Angeles County Department of Children and Family Services, through the Prevention Initiative Demonstration Project.

"Stories of Prevention" is one in a series of documents supported by Casey Family Programs to chronicle child welfare reform in Los Angeles County. A previous report – "Stories of Practice Change: What Flexible Funding Means to the Children and Families of Los Angeles County" – focuses on strategies implemented by DCFS as part of a federal Title IV-E waiver that authorized the county to spend its foster care funds flexibly. Casey Family Programs is also publishing a formal evaluation of the Prevention Initiative Demonstration Project, which will be completed later this summer.

Reports are available on the Casey Family Programs' Web site: [www.casey.org](http://www.casey.org).

### ***About the Author***

Joanne Edgar is a communication consultant and writer based in New York City. She has been chronicling the stories of child welfare reform for Casey Family Programs and the Marguerite Casey Foundation for 10 years. Her approach documents complex initiatives by including the voices of those most involved in – and affected by – change. Their stories are the heart of the innovations. She wishes to thank the families, DCFS staff and representatives of community organizations who so generously shared their time and their stories for this report.

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*First in the heart is the dream —*

*Then the mind starts seeking a way*

*.....*

*The eyes see there materials for building,*

*See the difficulties, too, and the obstacles.*

*The mind seeks a way to overcome these obstacles.*

*The hand seeks tools to cut the wood,*

*To till the soil, and harness the power of the waters.*

*Then the hand seeks other hands to help,*

*A community of hands to help —*

*Thus the dream becomes not one man's dream alone,*

*But a community dream.*

*Not my dream alone, but our dream.*

*Not my world alone,*

*But your world and my world,*

*Belonging to all the hands who build.*



—Excerpted from "Freedom's Plow,"  
by Langston Hughes

## Introduction

A new conversation about child abuse and neglect is taking place in Los Angeles County. If you visit any of the 18 regional offices of the Department of Children and Family Services (DCFS) or stop by community-based organizations in low-income neighborhoods, you are likely to hear stories like these:

- A neighborhood action council in a housing project opens up a community conversation about child abuse and neglect and how to prevent it.
- DCFS refers an unemployed, stressed mother of six to a community-based organization to receive intensive family support services. Now all her children are in day care or after-school programs, and she has a job. Her family is stronger, and they are together.
- A group of parents from a housing project writes and stars in a play about issues they deal with regularly: child abuse, substance abuse, domestic violence and teen pregnancy.
- DCFS removes six children from a family because of a dirty and unsafe home. A parent advocate and cultural broker join forces to help the parents, and the family is reunited within six months.
- Members of a church congregation volunteer to monitor visits between parents and their children in the system, freeing up social workers to spend more time with other families and making it easier for visits to take place after work and on weekends.

These stories – and there are many more where they came from – are about helping families thrive, about helping parents find concrete support, and hope, in difficult times. These stories are part of an expanding network of local partnerships – public, private, nonprofit and faith-based. The stories describe a child welfare system in transition, where managers focus on community collaboration and social workers build expertise in such survival issues as housing, jobs and food banks. These stories illustrate community-based organizations that are discovering new ways to work with DCFS and with each other. At the heart of these stories – and, in fact, the reason why these stories matter – are families that are learning to reach out for help and are finding it, sometimes as close as next door.

## The Prevention Initiative Demonstration Project

The important new buzz word here is prevention, specifically prevention of child abuse and neglect, and it is the center of a bold experiment between DCFS and community partners called the Prevention Initiative Demonstration Project (PIDP).

In a county the size of Los Angeles, the Prevention Initiative does not represent much money – only \$5 million for one year, funded by DCFS and applied across all eight of the county's Service Planning Areas (SPAs). That \$5 million has gone a long way, however, in demonstrating a model for a new kind of partnership between DCFS and community agencies, a partnership that extends far beyond the traditional parameters of the normal contractual relationships for services delivered.

DCFS and its partners are under no illusions about the complexity of the problems faced by families in Los Angeles today. But the vision holds. The bottom line is a comprehensive, expanded focus on prevention in order to reach families before small problems turn into big crises.

In April, at a gathering of PIDP partners, DCFS Director Trish Ploehn underlined the significance of this innovative initiative: "PIDP represents a really important change in the way social work is done in Los Angeles. We are using collaboration and genuinely working together to ensure that we look not only at child abuse after it occurs, but at the root causes of child abuse and neglect so that we can get ahead of the game and help families and children prevent harm from ever occurring."

DCFS is funding the initiative, but community agencies are equal partners when it comes to setting the agenda. DCFS chose one or more lead agencies in each SPA to strengthen existing community networks and partner with DCFS regional offices. The lead agencies chose a number of subcontracted agencies to extend the roots deeper into the community and to reach more families.

What is unique, perhaps even radical about this initiative is that it aims to erase the artificial boundaries that sometimes mean families are offered services based on their level of involvement with the child welfare system. PIDP recognizes that families may need the same services, whether or not their children have been removed, or if the family recently has been reunified, or if parents were referred to the system but have no open case, or even if the family has never been involved with DCFS at all. PIDP also means these families should be able to find help from the same networks in their own communities.

Flexibility is the name of the game. The networks in each SPA developed a set of activities based on their own values and definition of their community's needs. Licha Drake of The Children's Bureau of Southern California, one of three lead agencies in SPA 4, said: "The beauty and complexity of this initiative is that it is different from SPA to SPA."

What binds it together is a set of common values: a focus on family strengths; active, day-to-day collaboration between DCFS and community staff; a commitment to helping families thrive in the face of an economic crisis; and an intention to reach families in their own communities.

## The Audience and Content of This Report

This report is for leaders in Los Angeles County – in both DCFS and the community – who have worked to bring about positive change at the grassroots level. It also is for policymakers, in Los Angeles and beyond, who make decisions about funding and use of resources. Ultimately, this report is written on behalf of the parents and children who struggle with the day-to-day problems of building stable and nurturing families – and who do not think in terms of "silos" or "service delivery" or "prevention initiatives."

This report shows what prevention means to families, community-based organizations, DCFS and the growing community networks across the county. The report chronicles the first year of the PIDP initiative. It is not, however, a comprehensive narrative of all the activities that took place. So much has happened – and still is happening – that it cannot be contained in one document.

The stories in this report are organized around three inter-related strategies of the Prevention Initiative: decreasing family isolation, increasing family economic stability and access to integrated services in the community. Other sections include an overview of a community network, the changing culture of DCFS, increased faith-based support for families and the impact of this innovative initiative.

A formal evaluation of PIDP, conducted by a team of academics led by Casey Family Programs, has recently been completed. A report on the findings will be released later this summer.

## Evolution of PIDP and National Context

Removing a child from his or her home is one of the most difficult decisions a social worker has to make. Child welfare workers and managers across the country know that even when placement is necessary, it can be a traumatic and confusing experience for both children and their parents. Far too often, one placement leads to another and then to another. Parents do not always get the help and support they need to get their children back. Research shows that children who grow up in foster care often fare poorly as adults. Sadly, children who have experienced foster care are just as likely to suffer from post-traumatic stress disorder as U.S. war veterans.

The Prevention Initiative is an example of an innovative practice in child welfare that is helping to reduce the need for foster care by strengthening families and keeping children safe at home, where they have the best chance to grow into happy, healthy and confident adults.

The concept of community building as a child welfare prevention strategy emerged in the mid-1990s when Congress passed federal legislation that funded family support and preservation services. In 2003, DCFS set agency-wide goals to reduce reliance on out-of-home care, recognizing that partnerships in the community were important to success. In 2004, DCFS introduced a pilot of Point of Engagement, an approach that engages families as partners and responds to referrals with specific and targeted community-based services as soon as possible to provide immediate support for parents and help them safely care for their children.

*The enthusiasm for this demonstration project and the initial evaluation findings were so promising that DCFS and the CEO's office of Los Angeles County decided to invest another \$5 million for a second year of PIDP.*

Community organizations always have emphasized prevention for families in troubled neighborhoods. During the past decade, at the request of the Board of Supervisors, community leaders brought their views and experience to a series of prevention-focused meetings with DCFS, county commissions and other government agencies, including the county's Chief Executive Office. The Los Angeles County Commission for Children and Families and The Children's Council (formerly The Children's Planning Council) took leadership roles in designing a prevention strategy to bring DCFS and community-based organizations together as partners.

All of this rich discussion and planning led to the Prevention Initiative Demonstration Project that we know today. The County Board of Supervisors approved it in February 2008; it initially was a 12-month effort, but was extended through June 2009. The enthusiasm for this demonstration project and the initial evaluation findings were so promising that DCFS and the CEO's office of Los Angeles County decided to invest another \$5 million for a second year of PIDP. DCFS is using savings generated by the county's participation in a federal Title IV-E waiver, which authorizes the agency to spend federal and state foster care funds flexibly and reinvest savings to meet a range of child welfare goals.

As part of its work across the country with states, counties and American Indian tribes, Casey Family Programs has supported PIDP with technical assistance and evaluation expertise. PIDP fits well with the foundation's 2020 Strategy that calls for safely reducing the number of children in foster care by 50 percent by the year 2020. The foundation is joining hands with child welfare agencies, community organizations, faith-based institutions and residents to address the root causes of child abuse and child neglect. By surrounding vulnerable families with community-based support services, programs like PIDP help ensure that parents get adequate and appropriate support while children who do not need to be in foster care can remain at home safely.

## PIDP at a Glance

The Prevention Initiative Demonstration Project brings DCFS and community organizations together as partners. The goal is to keep children safe, while preventing families from entering, re-entering or experiencing extended stays in the child welfare system. To accomplish this goal, PIDP focuses on building strong networks to support families in their own communities.

Details of PIDP include:

- The initiative is based on the hypothesis that child abuse and neglect can be reduced if:
  - Families are less isolated and able to access the support they need.
  - Families are economically stable and can support themselves financially.
  - Activities and resources are integrated in communities and accessible to families.
- Each SPA developed strategies to address all three of these points, but there was a good deal of variation in emphasis. Some focused much more on decreasing family isolation, others on economic stability or expanding services and resources in the community.
- Each SPA targeted high-risk neighborhoods or ZIP codes based in part on the rate of calls to the DCFS 24-hour Child Protection Hotline. Each SPA has one or more lead agencies and a local network of subcontracted agencies. Nearly 100 agencies are participating across the county.
- Each SPA network includes elements that focus on: families not known to DCFS (primary prevention); families known, but with no open case (secondary prevention); and families already part of the system (tertiary prevention).
- Regular community events, resource fairs, picnics and job fairs helped the initiative reach thousands of families with information and links to services.
- At the request of DCFS, Casey Family Programs is helping support PIDP in three areas: building strong partnerships, communications and evaluation. Under the Casey Family Programs umbrella:
  - The Center for the Study of Social Policy provides technical assistance to help build stronger public-private partnerships. Consultants facilitated early meetings and agenda-setting in each of the SPAs and helped lead agencies and DCFS bridge divisions and stay on track.
  - Nakatomi and Associates helped participants frame a common set of messages about this new focus on prevention. The firm also developed materials, including a communication tool kit that can be personalized for each SPA.
  - The PIDP evaluation is led by Casey Family Programs and is both qualitative and quantitative. Evaluators are from Casey Family Programs, University of Southern California, Claremont Graduate University, California State University-Long Beach, UCLA and First 5 LA.



## Decreasing Family Isolation

Some families in communities with high poverty rates are isolated, marginalized and have few social connections. Each of the SPAs developed activities to reach these families. Four SPAs – 2, 4, 7 and 8 – focused attention on a primary prevention strategy that uses a resident-driven, community organizing model. Unlike most community organizing, which focuses on issues first, this model starts with relationships and builds out from there.

Whether the work is called relationship-based community organizing or social network building, the aim is to bring people together in groups to discuss their hopes and concerns for themselves and their communities, and to figure out ways to address them. Professionals facilitate and guide meetings, but take a back seat when it comes to decision-making and action steps.

Some groups are neighborhood-based; others are identity-based, such as grandparents or American Indians. Each group spends several months building connections, and choosing a name and a set of core values. Members then identify specific projects to work on. Residents are encouraged to speak up and ask for help. Outside partners are brought in as needed to enhance practical expertise, such as research, organizational and financial literacy. Change happens person by person, family by family, group by group. Along the way, as members gain confidence and the groups take on more projects, their communities begin to change.

In SPA 2, the groups are called Community Action Groups, or CAGs. Friends of the Family, the lead agency in SPA 2, is facilitating more than two dozen CAGs. In SPAs 7 and 8, they are called Neighborhood Action Councils, or NACs. South Bay Center for Counseling (SBCC), the lead agency in SPA 8, facilitates 45 NACs, 18 of which were newly developed as part of the Prevention Initiative.

Agency staff do not ask whether anyone is, or ever has been, involved with DCFS. The groups include families at all levels of involvement with the system. SBCC Executive Director Colleen Mooney said families show up every week because they want to. And they bring a range of experience and issues that frame their conversations and lead to action.

***“The idea of health, safety and financial well-being – and the ability of children to be safe – all these tend to be core values of everyone we’ve encountered.”***

—Kelly Hopkins,  
director of community organizing at SBCC

## Connecting Relationship-based Organizing to Child Abuse Prevention

Each group chooses a focus. Rowana Johnson, who became legal guardian of her brother and sister after their mother died, is part of a NAC that is planning a three-day resource fair on child abuse, sexual abuse and rape. Johnson found that a lot of her group had dealt with these issues.

“The little kids don’t know that fondling isn’t OK,” she said. “We’re finding out that there’s so much hidden stuff because you don’t talk about it. I wish I had been able to deal with it as a child, so we’re trying to give these little kids a chance – and not just the little kids. The older people, too.”

Johnson’s NAC did traditional research about child abuse and child abuse prevention. But the shared experiences made the difference and kept the information accessible, much more so than bringing in outside experts.

For other NACs, the connection to child abuse prevention comes when the groups choose their core values. Kelly Hopkins, director of community organizing at SBCC, said: “The idea of health, safety and financial well-being – and the ability of children to be safe – all these tend to be core values of everyone we’ve encountered.”

## Case Story: Parents in Motion, Creating New Beginnings

Kellye Aguirre has had her children removed by DCFS on two occasions. When she first heard about the NACs, she had five kids in the system and was working toward getting them back. She was introduced to the NAC concept by Kelly Hopkins at SBCC and was impressed by their approach.

“Kelly talked to us about positive things, things that every parent wants for their children,” Aguirre said. “And we were like, ‘Oh, my God, it’s like a little ray of light coming through,’ because our life was dark at the time. We were sad because we had lost our kids, and we knew it was our fault.”

Aguirre’s NAC is appropriately called Parents in Motion, Creating New Beginnings. Aguirre’s NAC began with what they already knew – what it’s like to be in the system. The group brought in one of SBCC’s partner agencies to discuss how to work with DCFS, and an SBCC staff member came to talk about financial literacy in response to the group’s concerns about poverty.

By working with her peers in the NAC, Aguirre learned how to move beyond a negative mindset – “to learn from your own situation and go forward,” she said. She and her husband have been reunited with their children, who now number six. She lives below the poverty line and explained that she used to believe “if you can swim, swim. If you can’t, you’re going to drown. And that’s how it was.” She said her NAC taught her how to swim – how not to feel sorry for herself and instead to change the situation.

Two other families in her NAC have reunited with their children who were in DCFS custody, a testament to the power of NAC members’ support for one another, Hopkins said. “Kellye’s guidance and counsel based on her own experiences had a lot to do with why she and her husband were able to get their kids back,” she said. “And for Kellye to actually facilitate growth in other people has had a huge positive impact on her.”

Kellye Aguirre’s whole approach to life is different now: “Being in my NAC is teaching me a broader thought process so when I wake up in the morning, I don’t scream at my children anymore. My children are happier at school. They play better with the neighbors. My children are no longer whining.”

She smiles as she talks about her six children: “They’re so beautiful. They eat so much!”

## Changing Communities One Neighborhood at a Time

NAC participants from SPA 8 spoke about transforming their own personal lives. But the approach reaches far beyond individual families. Rowana Johnson’s group is based in Carmelitos, a large public housing project in Long Beach. To her, the NAC was the link between how she felt about herself and how she felt about her community. In the NAC, she said, “no one will judge you, but you’re getting advice on how to deal with problems. You bring that back to your neighbors or what we call your parking lot. It might not necessarily change right there, but it’s a trickle effect, like when you throw a rock into a pond. You’ll see a difference after a while.”

In the beginning, Johnson’s NAC had only four Latinas. Now the diversity is greater. In her part of Carmelitos, a tense, sometimes violent, relationship between Latinos and blacks is improving. “You’ve got to learn that this is your community,” Johnson said. “This is where you live and you want it to be safe. You want it to be happy. You want it to be controlled. So you’ve got to learn to be the bigger person and keep the peace.”

Johnson’s NAC looked at what it means to keep the peace and began spreading the word. “You might not see this

big old shift in my community, but you see it in my life and you see it in my next-door neighbor, and we're more friendly," she said. "We're actually dealing with our issues now."

Through her NAC, Johnson's view of herself has changed. Her view of her community has changed. Along the way, her community is changing, too.

### Case Story: Learning To Speak Up

Christina Berry's NAC is a group of adults and teens focused on intergenerational communication. She said: "Before, I was very much in the space of 'I'm the parent. What I say goes.' But when teens are given the opportunity to speak, they really make a contribution to our community."

Berry's daughter is now president of Students Against Destructive Decisions in her school. "I'm raising a happier person and a more empowered person," Berry said. Her NAC is hosting community forums for teens and adults to talk about sex, drugs and alcohol. They've reached far beyond NAC members to other residents and even teachers in the local high school.

Berry's own communication skills have changed, as well. A personal victory came after she heard her next-door neighbor screaming at his wife. "It was 1 a.m.," she said. "They have an adult daughter and a (3-year-old) grandchild in the house. Then I hear this crash. And I'm thinking to myself, 'What do I do? Do I stay out of it?'"

Berry did not stay out of it. She called 911 and went next-door. "I can see him," she recalled. "He's still going off, and I hear the grandbaby crying, and I tell his wife, 'You know, this is not OK. You don't deserve this.'" He had injured his adult daughter. The police came and arrested him.

After he had been released, the neighbor came up to Berry when she was in her car in the driveway. "I'm like, 'Uh oh, here we go,'" she said. "And he says, 'I just want to tell you that all this stuff is going on and that's why I'm screaming and yelling.' I let him talk, and he apologized to me and said, 'I hope you never get in a situation where you're with a man who treats you that way.' And I told him, 'Well, I've done that, played that game, and I'm not doing that anymore. But all I want to tell you, sir, is that I hope you get yourself in a situation where you can express your anger in a more constructive way. What you did is not OK.'"

Berry added: "Before, I probably would not have gone next-door. And now I feel that this is my community, and I really need to do something about it. So I did."

## Increasing Family Economic Stability

The economic recession was just taking root in Los Angeles when the Prevention Initiative began in February 2008. But poverty and high unemployment are nothing new to the communities where this initiative is working.

***PIDP brought DCFS and community agencies together with a goal of looking at each family as a whole.***

Parents' financial ability to take care of their children is critical to family stability, but a focus on economic success is not a traditional function of child welfare. PIDP brought DCFS and community agencies together with a goal of looking at each family as a whole. As a result, a family's economic security became a core element of the initiative. Each SPA integrated economic strategies into its PIDP package. The strategies are varied and innovative. They include: financial literacy courses; hands-on help with resume writing and interviewing skills; in-depth job training; and access to government benefits and tax credits. Deborah Davies of Friends

of the Family in SPA 2 believes that these activities have "prevented families from coming to DCFS attention at all and have kept more children at home."

### Jobs, Jobs, Jobs

Job preparation is a clear and obvious need. SHIELDS for Families, the lead agency in SPA 6, has a strong focus on vocational and educational services. Audrey Tousant, the PIDP program manager at SHIELDS, said that in the current economic climate, the agency is serving a lot of unemployed families. She quickly added that in this particular recession, unemployment is connected to homelessness more than ever. Unemployment is bad enough, but when coupled with homelessness, it can shake the bedrock of stability for families.

SHIELDS offers certification programs in high-growth industries, such as fiber optics, medical billing, EMT and office communications. The courses are particularly useful for those who have been laid off from downsized fields, such as construction. In SPA 6, SHIELDS students can be seen climbing ladders and hanging onto telephone poles, working on the wires. In the office, they are hard at work in the computer lab.

The courses are 15 to 20 weeks long. The training is hands-on. The classes are free.

The latest fiber optics students did their field work at one of SHIELDS' residential centers, setting up the telephone wires for the site. After students complete the training and field work, SHIELDS helps them find jobs at companies such as Time Warner Cable, T-Mobile, Verizon and AT&T.

The in-depth learning experience brings an added bonus. Tousant said: "The camaraderie among the students in our fiber optics class led to the men starting a support group, which is still going on today with the next series of classes."

Some of the NACs and community action groups include a focus on employment, offering support for job preparation and placement. In SPA 8, Rowana Johnson has made it her mission to reach out to young African American males on the employment front.

"I'm going after them because I see them just falling by the wayside, Latino men, too," she said. "It feels good when you see them actually putting their best foot forward, cutting their hair, not even sagging, dressing right and actually going down there and really trying."

Unemployment is huge in Johnson's community, and she said she worries about the young men who see no alternatives: "It's happening so fast. Like, what do you do? You see them one second and the next minute they're gone because they decide to rob a store ... They need money so bad."



## Case Story: From Prison to a Business of His Own

Mark Anthony Douglas, a father of three and an ex-offender, was in a halfway house when he heard of SHIELDS for Families. He was struggling with finding stable employment because of his prison record and lack of work experience. He got out of the halfway house and started the fiber optics cable certification course at SHIELDS the very next day. He got a job immediately and has worked as a technical consultant and an independent contractor with several reputable firms. With this experience under his belt, he decided to start his own company. Now he can hire others. He said of SHIELDS: "Through this organization, the spirit of opportunity that was once lost can be found and a new beginning can be realized for so many individuals who just need to be given that one chance."

## The Need for Legal Support

PIDP was designed to respond to community needs, but planners had not realized that legal assistance would be so much in demand. In SPA 6, legal aid was the third most frequent request for help, after housing and food, and before counseling, parenting and employment. SPAs 4 and 6 have added legal aid to their package of activities.

Lawyers advise residents on a range of legal needs, including housing, employment and immigration. Some clients need legal help to get a juvenile record expunged in order to get a job, for example, or need a "certificate of rehabilitation" following substance abuse treatment. The SPA 6 partnership is organizing a community legal clinic, bringing in attorneys to talk about different areas of the law and help answer residents' questions.

## Getting Money Back from the Government

PIDP's lead agencies and their partners help families determine eligibility for a range of government programs. They assist families in enrolling for food stamps and public assistance and finding Section 8 funds to help pay for rent. In 2009, there was also an additional push to get money back through tax refunds, including the Child Tax Credit (CTC) and the Earned Income Tax Credit (EITC). This push augmented work being done by the Children's Council and other county efforts as well, a good example of how PIDP is leveraging other resources.

Many families with limited incomes are eligible for these credits. But first, they have to know about them and file their tax returns. National estimates indicate that up to one-quarter of those eligible do not claim their benefits.

Families struggling with poverty often cannot pay commercial tax preparers to do their returns. In Los Angeles County, the goal was to offer free tax return preparation. Some SPAs worked through the Greater Los Angeles Economic Alliance, a collaborative of public, private and government organizations working to provide economic development opportunities to low-income individuals and families. Other SPAs worked with Volunteer Income Tax Assistance (VITA) sites, using federally trained volunteers. Some SPAs did both. Altogether, the effort was countywide, and according to Colleen Mooney of South Bay Center for Counseling, families received an estimated \$5 million in tax credits, money that went directly into the pockets of residents, money that helped infuse the economy of the communities where they live.

Partnering with Chinatown Service Center and the Pacific Asian Consortium in Employment, SPA 4 ran a VITA site at each of its three lead agencies: Children's Bureau (at Magnolia Place Family Center), Children's Institute, Inc., and El Centro del Pueblo. Families learned about the tax preparation service from traditional outreach efforts, telephone information and television announcements. Volunteers offered free tax return preparation and at the same time, information on resources such as financial skill programs or family support services.

In SPA 4, clients included those who had lost their jobs or were losing their homes. Most had paid professionals in the past to do their taxes and were happy to save the fees. Many were eligible for EITC and child tax credits.

Throughout SPA 4, VITA volunteers prepared 257 free tax returns, of which 83 were eligible for EITC refunds and 44 for child tax credits. Families took in \$323,254 in refunds in SPA 4 through the VITA sites. An additional five tax sites in SPA 4 brought in refunds of \$813,318. This means more than \$1.1 million was returned to residents in SPA 4 alone. A post-tax informal survey in SPA 4 indicated that families used their refunds to pay debts, as well as for clothing, housing expenditures and education.

## An Expanding Economic Alliance

At a PIDP meeting in April, community and DCFS leaders grappled with the impact of the current economic crisis. When Steve Baker, executive director of Grace Resource Center in SPA 1, said “A good recession is a terrible thing to waste,” he meant it. The recession offers an opportunity to do business differently and leverage other efforts underway, including a countywide economic alliance focused on job development. The Prevention Initiative fits right into this work.

The Greater Los Angeles Economic Alliance aims to expand a two-year-old network of Workforce and Economic Development Centers across the county, with active involvement of some of the lead PIDP agencies. The alliance hopes to support job development in high unemployment areas of the county. SBCC’s Colleen Mooney described her vision that already is underway in SPA 8: “We have a career pathway program that has been very successful in moving low-income people into high paying union-represented jobs,” such as local refineries. SBCC also is placing gang-involved youth into an urban teacher fellowship, which can lead to a teaching credential. The career pathway model helps clients develop academic, technical and job preparation skills and offers ongoing education and training once they are employed. Workers and their families also are eligible for social services such as counseling, free child care, transportation vouchers and other support.

## Access To Integrated Services In The Community

Even in difficult economic times, Los Angeles has extensive community resources. After all, these are the shoulders on which the Prevention Initiative is built. The challenge comes in ensuring that families can find and access that support in every community. Assisting families as they identify needs, find appropriate help and learn how to ask for it are important issues on the PIDP to-do list.

### Ask, Seek, Knock

SPA 6 is one of the smaller SPAs geographically, but it has the highest poverty rate and one of the highest placement rates of any SPA. Through the Prevention Initiative, the PIDP network developed a program called Ask, Seek, Knock (ASK). Housed at three of the subcontracted agencies, three centers cover all of SPA 6.

The SPA 6 network developed a new job position called a “navigator.” Navigators help families negotiate various systems to find services and support in their neighborhoods. They are community leaders who work with DCFS-referred families and walk-ins. As of late April, SHIELDS for Families, the lead agency in the SPA, had an online database of 919 different community resources to use as referrals. Staff plan to put the database on a kiosk, a public computer where residents can do searches themselves to find help in their own neighborhood. Other resource databases exist as well, including an online site, HealthyCity.org. As these become publicly available on computers in resource centers, even families who have no computer of their own will be able to enter their ZIP code and get an immediate list of references.

Navigators are recruited from the community. Navigator Sharon Eason had retired from her job at Avalon Carter Community Center, one of the subcontracted agencies in SPA 6. But her retirement lasted only 11 months. “I’m learning there’s no such thing as retirement,” she said. “My former office was right where I am sitting now. I even still have all my files and resources.”

As a navigator, Eason works hand-in-hand with Audrey Tousant from SHIELDS to find resources and to go beyond the obvious, especially on thorny issues such as housing. Getting on a waiting list is not a good enough answer for families without a home. “People need help now,” Eason said. “You try to help people and put out fires. You try to make time for everybody who comes in.”

Word of mouth is important in SPA 6, but outreach goes way beyond that. The community is blanketed with flyers and information. Eason has talked up ASK and distributed flyers at job fairs, nonprofit agencies, schools, supermarkets, churches, health fairs, parks, the Department of Motor Vehicles, Probation, DCFS, colleges, the Employment Development Department, homeless outreach programs and more. Eason said one of her clients even saw the flyer at a liquor store: “I haven’t done outreach at a liquor store, but whatever works.” Outreach has become such a natural function of anyone involved in PIDP that one of the evaluators even referred a homeless man he met on a bus to an ASK center.

Food and housing are two of the most basic ingredients of family health and stability. “The bottom is falling out for people who live paycheck-to-paycheck and who then get laid off,” Tousant said. “They can’t pay the rent or the mortgage.” Navigators have become experts in housing and homelessness. West Angeles CDC, one of the subcontracted agencies in SPA 6, is providing foreclosure prevention services.

*“Families frequently don’t know where to go,” said Audrey Tousant of SHIELDS. “What is most fulfilling in this work is to be able to say, ‘OK, there’s a resource here,’ and immediately connect the family and strengthen the family unit.”*

Sharron Eason tells the story of a woman and her husband who both worked at Los Angeles International Airport and were living in housing provided by their employer. When they were laid off, they also lost their company-sponsored home. They had two children of their own and one child in foster care. The couple found out about Avalon Carver Community Center from a flyer. They met with Eason, who handed them a list of housing resources and sat them down with instructions to call each one. She encouraged them not to accept “we have nothing for you” as an answer. “Ask if they know anything else,” she advised. The family found a place and avoided becoming homeless.. Had they not found a home, they would surely have lost their foster child and their family would have faced a crisis. Coming to Avalon Carver was a turning point for this family.

When a family with children in DCFS custody is ready to be reunited, homelessness can be a heartbreaking barrier because parents need housing to get their children back. ASK Centers have helped parents work through the Catch 22s of a system in which you can’t get your children back until you have housing, but you can’t get government support to help pay for housing until you have your children.

### Case Story: Redefining Basic Needs

Sometimes the need for support goes beyond the basics. One of the navigators met with a grandmother who had just gotten custody of her teenage granddaughter. The grandmother came in for a referral to a food bank. The navigator, as is the practice, engaged her to see what else this family might need. It turns out the granddaughter was graduating from high school, but had no cap and gown. The navigator knew that a nearby Lutheran church had a sewing class, so she called the pastor, who invited the granddaughter to stop by the next day to be measured for a cap and gown that church members would make for her.

What is special about this story is not the cap and gown, but the fact that the navigator and the grandmother had the conversation and that the navigator knew where to go so the young woman could stand tall on her graduation day. The navigator also connected this family to DPSS (Department of Public Social Services) to get financial assistance. A phone call resulted in an immediate appointment. “Families frequently don’t know where to go,” said Tousant of SHIELDS. “What is most fulfilling in this work is to be able to say, ‘OK, there’s a resource here,’ and immediately connect the family and strengthen the family unit.” Scouring the community for informal and formal support pays off when it comes to family well-being.

### Parent Advocates and Cultural Brokers

Common sense plays an important role when it comes to helping families prevent child abuse and neglect. If parents are at risk of losing their children to foster care because of a chaotic and unhealthy home, for example, they may not need extensive involvement of DCFS staff. But they do need practical help. In SPA 3, PIDP is using parent advocates and cultural brokers to offer basic support aimed at keeping children out of the system or, when that is not possible, helping families reunite quickly.

Parent advocates and cultural brokers work for Prototypes, the lead agency in SPA 3. They are community leaders who were doing elements of their job long before the Prevention Initiative came along and offered them a desk and a stipend. They often know who in the neighborhood needs help and can reach out to them before DCFS even thinks of getting involved.

SPA 3 is particularly interested in reducing the disproportionate number of African American children in the child welfare system, a national problem that is also of great concern in Los Angeles County. Latino children are



by far the largest child population group in the county, and they also make up the majority of those in the child welfare system. But their placement rate aligns with their proportion of the population, which is not at all the story for African American children.

In Pomona, for example, African American children make up less than 10 percent of the child population, yet represent 23 percent of those in foster care. Over the course of several years, the Pomona regional office developed numerous strategies to study and address the problem, most recently using PIDP funds to support parent advocates and cultural brokers.

For Pasadena DCFS supervisor Kimala Lewis, a field trip to Fresno sponsored by Casey Family Programs “really lit my fire,” she said, when she saw how cultural brokers there were working to reduce disproportionality. “It helped us to see our families in a different way and even to respect them more,” she said. DCFS in SPA 3 is adding internal awareness education around the issue of disproportionality. Both parent advocates and cultural brokers have a key role to play.

Parent advocates are parents who themselves once had an open case with DCFS and therefore have first-hand experience negotiating the child welfare system. They identify with parents and, more important, parents identify with them. Parent advocates are an on-site, in-person support system for parents. There are three parent advocates working full time in SPA 3.

Cultural brokers ideally share the same culture as the families with whom they work, helping parents understand the expectations of DCFS and helping DCFS better understand the strengths and background of the family. Cultural brokers take on a lot of voluntary family maintenance cases, which means DCFS is formally involved but the children are not removed, and the family receives services they need to remain together safely. Cultural brokers share some of the basic family-support functions with parent advocates and regularly attend Team Decision-Making meetings (TDMs), making sure families understand the decisions made. There are three cultural brokers in SPA 3, each working three days a week.

Both parent advocates and cultural brokers learn when and how to raise concerns with DCFS if there is a safety problem in the family that must be addressed. “They have to do that dance between the department and the family,” Lewis explained, which means supporting the parents but also letting them know why the department might have to intervene if a child is at risk.

**A parent advocate at work.** June Turner, a former telemarketer, is a parent advocate for Prototypes based in Pasadena. Her own family was involved in a voluntary family maintenance case 20 years ago, but she is quick to point out that DCFS is different now.

Turner listed just a few of her activities as a parent advocate:

- She drove a mom to a visit with her children who had been taken into custody. On the way, she ironed out a bureaucratic snafu that threatened to cancel the visit, all the while encouraging the distraught mother to be calm.
- She took evicted clients to find housing and helped them get Section 8 government support to pay for it.
- She attended a court hearing and stuck up for a parent in front of a judge.

*“I believe I was born to advocate. I’m not afraid to talk to people. When I had my case with DCFS, there was no one like this to help me.”*

—June Turner, parent advocate

- She negotiated with the utilities company on behalf of a client and found a way to keep the lights on.
- She mediated between the Health Department and the Code Enforcement Division of the Housing Department to rid a home of fleas.
- She taught a mom how to make a budget and a shopping list.
- On a regular basis, she attends TDMs, helping develop safety plans with the family and DCFS.

“We make things happen,” Turner said. “We get things moving. Clients let their hair down around us, and we see what the social workers don’t see.” She pointed out with pride that two of her families are reuniting this summer.

Turner joined other SPA 3 representatives in a Breakthrough Series Collaborative, a sequence of learning sessions that tackle big problems like disproportionality and come up with small experiments to test ideas for change. As part of that process, Turner got to brainstorm with judges, social workers and agency leaders – and her ideas were heard. “I never thought my life experience would land me in a job doing this,” she said. “I believe I was born to advocate. I’m not afraid to talk to people. When I had my case with DCFS, there was no one like this to help me.”

**A cultural broker at work.** As a cultural broker, Linda Hawes works three days a week with Prototypes in Pomona. She has been a foster parent and an adoptive parent, and in her other job, she trains prospective foster and adoptive parents. When the Prevention Initiative came along, getting involved was a natural for her, especially given her concern about the overrepresentation of African American children in the system.

Many of Hawes’ cases are voluntary family maintenance. She is an intermediary between the family and DCFS, helping each to understand the other. She makes referrals for services such as counseling and health care. She explains DCFS rules and regulations to parents, especially when it comes to making sure they understand what is required of them after a Team Decision-Making meeting. “I’ll stay in the lobby after a TDM to go over it again and make sure parents know what they have to do first,” she said. “Sometimes they’re overwhelmed with a whole list of items. Especially if the children aren’t detained, they need to get on board with their next steps. So I help them work on what they’re going to do tomorrow.”

Hawes reiterated the importance of working with families before children are removed. “Just the word ‘prevention’ means something now,” she said. Hawes also talked about changes at DCFS: “Workers who used to think I was invading their privacy in a TDM actually ask for me now. And I have even been pulled out of one TDM to participate in another where they thought I could be more effective. I just think that’s fantastic.”

## Case Story: A Family in Crisis Gets Critical Support

A family in Pomona has six children under age 5, one with a medical condition. When that child went into crisis one day and stopped breathing, the father did CPR and saved the child's life. An ambulance and the police arrived to take the child to the hospital. Although it is hard to imagine, things began to get worse at this point. The father was emotional and got into a dispute with the police. He was arrested. After going into the house, the police made a referral to remove the other five children because of what the officers said was the filthiest house they'd ever seen in Pomona.

The siblings were placed in foster care and separated, some away from Pomona, which made family visits difficult. The father got out of jail, but lost his job. The mother was overwhelmed. Cultural broker Linda Hawes recalled: "When I met this family in the lobby at DCFS, the mom was still in her pajamas. I told her I was there to support her, to make sure her voice was heard and that she was treated with respect. The word 'support' meant so much to her that she gave me a big bear hug and almost lifted me off the ground."

After the children were removed, a parent advocate came to the home and went to work with the mother on housekeeping skills. The advocate helped her clear the backyard and taught her how to clean the house and keep food from spoiling in the refrigerator. She also taught her how to shop at the food bank, make her dollars stretch, 'baby proof' a room and use time management skills to get through the day with six young children. The father found a new job, and the advocate and cultural broker worked with him, too, showing how he could help with the kids and housework. The mother joined a parenting group and got support from other parents who had been involved with DCFS. When the department's social worker was ready to do a walk-through of the home in preparation for the return of the children, the mother wanted both Hawes and the parent advocate to be there with her. They were.

This story has a happy ending. All the children returned home within six months. Hawes stops by from time to time and reports that "the house is still clean and the children are looking well."

She said: "I met this mom at a most devastating time in her life, and it was beautiful to watch her grow, to watch her stand taller each week as we worked with her." Having an advocate and a broker for this family meant the difference between long stays in foster care for six children vs. short stays. It also meant the bonds in this family were not broken, as the parents got the support they needed to move forward with confidence.

## A Community Network In Action

All of the SPA networks are working to leverage every possible resource to support isolated families, build strategies for economic stability and find help for families both in and out of the system. In SPA 2, the lead agency Friends of the Family pulled together an extended network of 14 subcontracted partners and at least 30 additional partners. It built on an existing network in one of the three targeted ZIP codes, the Pacoima Community Initiative (PCI), and advanced the issue of child abuse prevention on the long list of needs in the community.

In order to engage new families, PCI reached out to residents of San Fernando Gardens, a low-income housing project where some parents say danger is such that they are reluctant to let their children play outside. Parents there started their own group and, with the help of a PIDP subcontractor, wrote and performed a play, "Life, Love, Lies," or "Vida, Amor, Mentiras" in Spanish. The themes were child abuse, substance abuse, domestic violence and teen pregnancy, issues the families deal with on a regular basis.

As is true throughout the county, families in SPA 2 are struggling to maintain financial stability. The SPA 2 network includes partners that help families with economic support, such as food, rent, furniture, clothing and utilities. The PIDP network also includes job clubs that focus on job readiness and development. Some families in SPA 2 are undocumented, so partners look for day labor jobs and educate those families about their rights to a bank account, for example. A financial literacy program for youth offers stipends for attendance and encouragement to open a savings account.

Danny Molina, PIDP project director at Friends of the Family, said all of the work connects to family stability and thus to prevention of child abuse: “We’ve noticed that if we can help families pay the rent or put food in the refrigerator, there are decreased levels of stress in the home, decreased instances of domestic violence. And we believe if a family is not struggling with financial hardship, there is more contentment at home, parents feel more competent and they treat their children better.”

Friends of the Family also offers comprehensive case management to about 70 families referred by DCFS. This, too, is part of the agency’s PIDP work, and community partners join in to support parents and youth. The same goes for the community action groups they facilitate throughout the SPA. If there is a need for child care, for example, during the weekly group meetings, there are partners to provide in-kind services. Molina said: “Wherever the family enters the network, they will have access to a wide range of resources. That’s what has created so much excitement around this initiative.” In the end, it is not that Friends of the Family is inventing new approaches to working with families in the community. It’s that it is leveraging funds and rolling out an expanded network that brings a lot of different approaches together. This community network is shining a new light on prevention.

## Changing The Culture Of DCFS

This focus on prevention of abuse and neglect is a natural for community-based organizations that were able to ramp up and expand the kind of work they always have done. But for many child welfare agencies, prevention is considered a stretch, and inclusion of family economic stability as part of their mandate is a leap. That is no

*In the past, DCFS collaboration with the community meant going to meetings.*

*There are still a lot of meetings, but collaboration now includes more action and an enhanced sense of shared accountability between the department and the community.*

longer true at DCFS, where PIDP is part of a larger cultural change taking place at the agency. DCFS is looking to integrate whatever it takes to help children stay safe and families remain stable.

Along with PIDP, another program focused on economic assistance, Linkages, is currently being phased in across the county. Linkages is a joint effort of DCFS and the Department of Public Social Services, designed to help families involved with either department get the benefits to which they are entitled from both departments. This means eligible families are able to get public assistance, employment assistance and child welfare assistance at the same time.

PIDP has sharpened an already evolving effort in Los Angeles County, a focus on community networks that bring DCFS offices together as partners with local, neighborhood organizations. In the past, DCFS collaboration with the community meant going to meetings. There are still a lot of meetings, but collaboration now includes more action and an enhanced sense of shared accountability between the department and the community. Some changes at DCFS stem directly from PIDP and the new partnerships that were carved out in the SPAs. Other changes are part of a larger, intentional shift that encourages regional offices to work more closely with the

community to keep children safe and families together. Two examples of internal DCFS change include a regional office with staff dedicated to prevention and another that has workers stationed in elementary schools.

The bottom line is government cannot do it alone. Javier Oliva, a supervisor in the San Fernando Valley regional office, said: "We can't operate in a vacuum. I mean, it's not just us. We need everyone's cooperation, and with the collaborations in the Prevention Initiative, I think everybody is accountable."

## A Regional Office Reaches Out

When the goal is preventing abuse and neglect, the strategy has to include reaching as many vulnerable families as possible before problems turn into crises that require removal of children from their home. The Vermont Corridor DCFS office in SPA 6 is particularly situated to do just that. First of all they have a dedicated staff person, Amber Ellis, whose title is community resource coordinator. She works full time on prevention strategies and, along with her office colleagues, is institutionalizing a process to help families get help sooner.

Ellis' salary is not supported by PIDP, but she joined the staff of the Vermont Corridor office in 2008 as the initiative was getting underway, and her time is 100 percent devoted to prevention and resource development. Every time the office closes a referral, she sends the family a letter that includes information on resources in their neighborhood, with type of service, agency name, address and phone all listed. Assistant Regional Administrator Pati Cegarra said, "Any referral that's closed gets the letter and a prevention flyer saying: 'This is for you to keep. Hang onto it. You can call at any time.' Our hope and expectation is that someone two months from now, six months from now, will call, and we will be able to help." Regional Administrator Chuck Tadlock added, "This is a 180-degree turn from where we were 10 years ago when people would never call us."

Ellis beats the bushes to find resources and make sure she knows every possible avenue for families. "It's all about networking and I love it," she said. "It's calling around and word of mouth and not giving up when they tell you no. You just keep going." Success can be as simple as finding a church that donates 600 bus tokens a month so that families without cars can get to services and meetings. This church likely would not appear on a formal list of county resources. But it's this kind of support that gives the Prevention Initiative depth.

All of the regional offices are taking a new look at what's available in their communities. Tadlock said: "We began to see it was a myth that SPA 6 was resource poor. Maybe it is when compared to some of the other SPAs, but we found there are lots of resources here and people just didn't know about them. We're unearthing these resources and connecting the dots."

After they connect the dots, they spread the word. Ellis and Cegarra make sure they communicate within the office as much as outside it. Cegarra said: "It's not just a matter of getting the community to trust us. It's a matter of us trusting ourselves." So she talks up success stories to her colleagues and compliments workers whose clients are successful.

Ellis said she tries to make it easy for her colleagues: "When I go to unit meetings with the social workers, I ask them to throw a bunch of forms and flyers in the car." If a family doesn't have groceries, for example, the social worker can circle food on the form and drop it off at Ellis' desk for follow-up. This saves the social workers' time and gets help faster for the families.

Word of mouth plays a big role in the outreach. "It's not just the flyer," Cegarra said. "It's this family telling this other family telling this other family. It's this agency telling this other agency." And so the word is out: If a family needs help, they call one of the PIDP agencies. Or they call DCFS. This is a major change in everyday business at DCFS.

The Vermont Corridor office of DCFS has another advantage: It is co-located with other county departments that handle general relief, mental health and child support. Some 50,000 people come through the doors in a given month, which itself is a networking opportunity not to be missed. Amber Ellis “walks the line” on days when families come in to apply for or check on their public assistance or food stamps. She gives them the flyer and talks to them about available services and where to get help.

Co-location also means families can get support quickly from more than one agency at a time. Tadlock spoke of a client “who had five children and was homeless. The staff walked across the hall to DPSS and said, ‘We need help.’ We got help for her within five minutes.”

Tadlock has been at DCFS since the 1960s and has seen huge changes in how social workers get help for families. “When I started, every social worker had a little 3-by-5 card file of resources,” he said. “And you did not tell anybody else where your resources were. There weren’t enough to share, so your little file box was yours and for your clients only.” DCFS has traveled a long road from hoarding card files to the computerized, accessible data banks of resources for all to share.

## School-based Social Workers

In SPA 2, which covers a large portion of the San Fernando Valley, PIDP is helping to bring DCFS into the community, literally. A unit of emergency response workers sits in elementary schools. This is an important prevention strategy because schools are the primary source of referrals to DCFS. Alberto Miro, DCFS assistant regional administrator, said it is a “no-brainer” to have social workers onsite in schools to help families with problems before they turn into full-fledged crises, “I don’t know why it has taken so long,” he said.

*Sometimes children come to school with dirty clothes or haven’t changed clothes. In the past, teachers might have called this in for neglect.*

One of the ZIP codes in SPA 2 includes Pacoima and Arleta, which have high levels of poverty. The volume of child abuse reports from that ZIP code justifies a full unit of six DCFS workers who have a mandate to include prevention among their regular duties. The unit began in two charter schools, each with two workers, one of whom is fluent in Spanish. A public elementary school is next in line.

These social workers are available to school staff, as well as to students and their parents. They conduct informal assessments at the school and connect families with community services and resources, based on need. If there is a safety

concern, they help teachers and staff – all of whom are mandated reporters – learn when to call the Child Protection Hotline and how to initiate a traditional child welfare investigation.

Community outreach is key to stationing DCFS staff in the schools. Workers attend neighborhood meetings, where they explain DCFS and offer information on non-DCFS prevention services available in the community. They brought in a speaker on financial literacy, for example, and a director of a mentoring program. Javier Oliva, the supervisor of the unit, said: “It’s educating (school) staff. It’s educating the community. It’s educating community-based organizations.” Miro of DCFS added: “We get educated, too.” The goal, he explained, is not to duplicate the services a school already provides, but to complement them.

**Pacoima Charter Elementary School.** Linda Garcia-Carillo is one of two emergency response workers based at Pacoima Charter Elementary School. Teachers come to her with concerns about behavioral issues, and she contacts the family to follow up. If a child comes to school crying, she said, “I talk to the child and figure out



what's going on at home. Then I can follow up with the family and make referrals for services if needed."

Sometimes, she said, children come to school with dirty clothes or haven't changed clothes. In the past, teachers might have called this in for neglect. "A lot of times it is poverty," she said, "but if it gets called in, it's on the family's record. And we could make all the difference by just giving them free clothing."

Garcia-Carrillo has good connections with the staff at the front desk of her school; these are the people who really know what's going on. She also works closely with a probation officer based at a housing project across the street from her school. He refers families to her, which is an example of cross-agency collaboration.

"We do whatever we can to prevent a referral from coming in," she said. "This saves the hotline for things that are more serious." One case that could have been avoided involved a child who came to school with what looked like a large bruise on his face. The police were called. When they washed his face, the bruise disappeared. "The point of having us stationed at the school," she said, "is so they can call us instead of the hotline."

For Garcia-Carrillo, work is different now: "There is more community interaction. When I first started, parents would never approach me. Now they feel more comfortable. It's like 'Good morning! How are you?' Parents see us in a positive way. They know we want to prevent kids and families from getting involved in the system."

The benefits of stationing workers in schools are clear. Workers intercept problems. They educate teachers and parents. There are no significant added costs. "It's amazing when you start venturing out of the office and connecting with other entities," Miro said. "It's a total different world out there in terms of services, in terms of people's willingness to collaborate with you." A DCFS veteran of 25 years, Miro said he has seen what is akin to a "total cultural change" in the last two or three years.

### Case Story: The School Connection in Action

DCFS supervisor Javier Oliva tells the story of a young student who had very bad teeth. The school referred the mother to a free dental clinic, but she didn't follow up. She was a single mom with eight kids. She was defensive and wanted nothing to do with DCFS.

The social worker spoke with the school's community worker, who went to the home and found the family living in a garage. They cooked on a barbecue grill inside the garage, and there was broken glass on the floor. "It was pretty dangerous and we had to intervene," Oliva said.

DCFS took all eight children into custody. But by the time of her TDM meeting before the court hearing, the mother had cleaned up and was living in the main house with a friend. Oliva said: "She agreed to start complying and take the kids to the dentist. We explained to her that we could have helped without taking the kids away as part of our school-based program. Based on the cleanliness of the house and on mom's turnaround, we made a decision to return the kids." DCFS connected her to additional services and support, and the family stayed together.

## Faith-Based Support For Families

Churches and other faith institutions always have been a source of support for troubled families. For people in crisis, churches and other religious organizations are often high on the list of places to turn to for support. Building on this connection is a natural for the Prevention Initiative, and the faith community is stepping up in numerous ways.

### Family Visitation Centers

Monitored visits are often a prerequisite for parents to get their children back from DCFS custody. Social workers supervise these sometimes tense and often emotional meetings between parents and their children. DCFS visitation rooms are usually small, impersonal and often dingy. They also are crowded, especially if the family has several children.

Bill Bedrossian, a DCFS regional administrator in SPA 8, coordinates the Faith-Based Council. He believes the visitation process in DCFS offices “creates a lot of anxiety.” Even if they meet outside the office, it is not ideal, he said. Fast-food restaurants are too loud. Parks are full of distractions and children are running around. The Faith-Based Council believes churches and other religious institutions are more suitable places for parents to spend quality time with their children.

*“When my family first came into this space, they said ‘Wow.’ They were all smiles.”*

—Judi Longfellow, volunteer monitor  
Parkcrest Christian Church

The SPA 8 network decided to use some of their PIDP funds to try out a church-based Family Visitation Center. Pastor Mike Ellingsen at Parkcrest Christian Church in Lakewood took the concept to his congregation. At the first meeting, almost 30 church members stepped up. He said: “It was amazing how many people just jumped on board and said ‘I want to help. I want to be a part of this.’” Susan Flanagan, the first member to join up, said: “It’s good and it’s right and we want to make a difference. And frankly, we’re called to it.”

The Parkcrest Family Visitation Center is now a large, friendly room full of children’s books and toys, all neatly placed on shelves or in cabinets.

There is a kitchen and an enclosed patio for children and parents to play together outside. There’s a tricycle on the patio. A camera and photo printer help chronicle good times.

It wasn’t always like this, however. The monitors and Pastor Ellingsen say the room was a pretty dreary place before they transformed it into a visitation center. Pastor Ellingsen said: “We put together a wish list of things we needed and set up a display on the patio on Sunday mornings for a couple of months. People took a card and ownership of that particular wish.” That’s how they got things like a playpen, a high chair and books. Volunteers totally renovated the space, laying new carpets, building cabinets and painting. They even got new windows for the space. Now, Susan Flanagan said: “It is a room for healing.”

**The Way It Works.** Social workers make referrals for families to use the visitation center, and two supervisors coordinate the scheduling. There are currently 12 monitors or coaches at Parkcrest who donate their time. DCFS offices are usually open 9 a.m. to 5 p.m., so the fact that coaches can be there after hours and on weekends is a huge benefit for parents who work during the day.

The coaches undergo background checks and participate in two days of training. They learn to observe, to understand verbal and nonverbal cues, when to intervene and how to handle potentially tense drop-off and pick-up times. They get the basics about DCFS structure and process. They also learn how to deal with their own



emotions around issues such as attachment.

Family meetings last anywhere from 90 minutes to two hours, with a few extending to three hours. This gives families time to prepare a meal together and do some of the normal things that families do. Bedrossian said: "It lets them kind of unwind and relax, and really just be themselves."

Pastor Ellingsen makes a point to introduce himself to every family. Because Parkcrest has a food bank and other resources, he often can help families with basic needs.

The coaches and Pastor Ellingsen are not there to proselytize. Instead, their role is to be a helping hand in a controlled and supportive environment.

The coaches at Parkcrest are not paid. Although it was an option in the beginning, they felt the work should be part of their ministry. (Another visitation center, at Seaside Community United Church in Torrance, pays coaches a small stipend.)

The coaches at Parkcrest began seeing families in October 2008 and have monitored about 100 visits for 35 families since then. Coaches fill out an evaluation form for DCFS after every visit, commenting on parent-child interaction and other issues. They have the social workers' phone numbers in case of questions.

### Case Story: A Coach at Work

Judi Longfellow has a full-time job in human resources. The family she monitors at Parkcrest, with four children in three different foster care placements, comes three times a week for a total of seven hours. Longfellow, who monitors one of those meetings, said: "This mom really wants her kids back."

Longfellow said the room is welcoming: "When my family first came into this space, they said 'Wow.' They were all smiles." It is so different from the DCFS office where they had previous visits – six people (mom, social worker and four kids) in a small room and lots of commotion outside. The older boy wanted to move into the space at Parkcrest.

The mother was abrasive at first, Longfellow recalled, but that changed fairly quickly. Longfellow said: "I think that when families find out we are volunteering and that it comes from our heart, it really opens their eyes to know there are people who care. My mom said to me, 'I've been screwed so much in my life that I've gotten to a point where I trust nobody.' Now she hugs me. She's moving in a positive direction now. She's going to her own church and getting positive reinforcement there."

Longfellow's DCFS family was not able to be together on Christmas, so they planned their own early Christmas dinner at Parkcrest. "We had Chinese food and hot cocoa," she said. "They would never have been able to do this at DCFS." She added that the kids had never had hot cocoa before, so it was a first.

The mother in the family is taking parenting classes and has a court date in July. She hopes to bring her children home.

**The Difference It Makes.** The Family Visitation Center at Parkcrest is a gift to the families who use it. The center provides a community of support and gives them time to be themselves. It also makes life easier for the social workers, giving them added time for other families who need more intensive help than the families referred to Parkcrest.

There are additional advantages. The image of DCFS in the community is improving. Longfellow and Flanagan pointed out that they knew little about DCFS before becoming coaches, except what they read in the media and the stories they heard. Longfellow said her dealings with DCFS social workers have been wonderful: "You can see they are passionate about kids."

The coaches' perception of families in the system is also changing. "Unless you've been involved, it's easy to judge the parents," Flanagan said. "But a second chance is a good thing for them. And I've found from the two families that I have, that no matter what happened at home, the kids want to be with their parents. This is a learning experience for me as much as it is for them."

As for the families who come to the Parkcrest Visitation Center, the news is good. One family already has been reunited, which was cause for celebration. There is hope for more. In the meantime, other SPAs are interested in the Family Visitation Centers model.

## Faith in Action: Grace Resource Center

SPA 1 is "over the hill," as the locals say, in the high desert of Antelope Valley. It is the largest by far of the eight DCFS SPAs when it comes to land mass, but the smallest in terms of population. And unlike the rest of heavily-populated Los Angeles County, SPA 1 is largely rural, which presents unique challenges when it comes to prevention. Poverty is extensive; services are not.

***"The premise of Grace (Resource Center) is that we can all do a lot more together than any one of us can do alone."***

—Steve Baker, executive director  
Grace Resource Center

Grace Resource Center is a non-denominational, faith-based organization in Lancaster and the lead agency for the Prevention Initiative in SPA 1.

Its mission is to eliminate hunger in Antelope Valley, and the center feeds about 8,000 people a month. Not surprisingly, the first thing you are likely to be asked when you walk into their office is: "Could you use a dozen eggs?"

The staff at Grace interprets the center's mission broadly so that eliminating hunger incorporates other needs, such as clothing, shelter, furniture, education, job training and family support. And this fits right into the work of the Prevention Initiative.

Casey, Sarah and their 9-month-old baby Isaac came to Grace for diapers and food, but got far more than that. DCFS removed Isaac from his

parents when he was born, in part because he tested positive for drugs. The young parents had been homeless, living in their car and struggling with alcohol and substance abuse. Neither parent had a job and the family was receiving no government support.

"Without Grace, I don't know if our family would have got back together," Casey said. "Now we're on welfare, and I'm looking for work." In addition to diapers and food, Grace helped them with housing, getting the car fixed, a support group and counseling. Casey added: "They follow up. They want to make sure you're doing good."

Grace offers computer classes, a welfare-to-work class and more. Graduates go back to school or get a job. Bill Bennett, the SPA 1 Prevention Coordinator at Grace, said: "Then they come back to help us out. Our philosophy is to teach people to fly, not just survive." Bennett goes to TDMs with DCFS families, ready to offer help from Grace and its partners in SPA 1.

Steve Baker is pastor, founder and executive director of Grace Resource Center. "The premise of Grace is that we

can all do a lot more together than any one of us can do alone," he said. "We can do some things DCFS can't do. Social workers send referrals to us, and we help with groceries. Or parents have done everything and are ready to get the kids back, but they don't have beds. We can do this."

Many opportunities have opened to Grace since they joined the Prevention Initiative. "We've quietly done our thing and witnessed amazing miracles," Baker said.

Grace doesn't require any religious involvement. Baker said: "If you look into Christ's M.O., he usually fed people and then he helped them. How you eliminate hunger is to get people getting along, get them trained, increase their family income, give them some basic life skills, love 'em up, encourage them, and if they fall, stand them up and put them in the right direction. And then get out of their way."

# Impact Of The Prevention Initiative

When you're talking about a short-term initiative with a big-time goal and the topic is as complex as prevention, proof takes time. But even in just one year of PIDP, there is plenty of anecdotal evidence of impact and triumph,

*The families who have been served through PIDP tell a compelling story. The parents may not know their experience is part of something called PIDP. But they do know that they did not lose their children to the system, or that they got their children back. And they know their family is in a more stable place.*

illustrated through the stories of families whose needs have been met, a child welfare agency that is rethinking its role in prevention and communities that are changing all across this large and diverse county.

A formal and collaborative evaluation, both qualitative and quantitative, is nearing completion. There are evaluators on the team from four universities who bring a wide range of experience. Evaluation components include surveys, focus groups and interviews, as well as an examination of management information system data. Local organizations and families weighed in on designing the survey questions.

Preliminary evaluation findings indicate that something positive and different is going on in Los Angeles County. For example:

- The PIDP networks have reached thousands of people and leveraged resources to develop a wide range of strategies and services to help families.
- Promising strategies are being developed around decreasing social isolation, increasing economic stability and integrating a community-based spectrum of prevention services.
- DCFS administrators in most of the regional offices have been active participants in planning and implementation, and line staff are beginning to learn how to make optimal use of the PIDP networks to help strengthen families.

The families who have been served through PIDP tell a compelling story. The parents may not know their experience is part of something called PIDP. But they do know that they did not lose their children to the system, or that they got their children back.

And they know their family is in a more stable place.

## Strengths and Assets

The stories in this report are about change, one family at a time, one network at a time. Each family is unique, but the stories as a whole illustrate critical changes taking place at DCFS and in the community. It is now ordinary business at DCFS for workers to look for strengths and assets in each family they serve. In just one year, the Prevention Initiative has given birth to its own set of assets, including:

- **A new generation of leaders.** The Prevention Initiative is developing a growing band of new leaders in the community. These include volunteers at the Family Visitation Centers, NAC members who are gaining confidence to speak out on behalf of themselves and others, navigators, cultural brokers and parent advocates. These grassroots leaders of the future know what it means to work in partnership with

government to build strong communities and support strong families.

- **Expanded vision in the community.** Community organizations have changed how they work. Steve Baker of Grace Resource Center acknowledged that “life is way more complicated when you work with DCFS.” But Grace and other community agencies have expanded their vision. They are doing more work and doing it differently, with new and deepening lines of communication to DCFS.
- **Internal support at DCFS for prevention.** Leadership is growing at DCFS as social workers and managers become better partners with the community. This is particularly true among managers in the regional offices. Laura Valles, a member of the Casey Family Programs’ technical assistance team, said: “The regional offices understand why working across the prevention spectrum makes sense for the department. They have gone to a much more profound, more comprehensive, partnership-oriented vision of their work.”
- **Real social work.** DCFS workers say over and over that they are finally getting to do the social work they are trained to do. Kimala Lewis, a supervisor in the Pasadena office, said: “If I had to say one thing about PIDP, I would say it’s real social work. And from the perspective of a die-hard, blood-bleeding social worker, that’s a huge statement. It’s what I think we should be doing, the opportunity to look at our families and see them with strengths and have the ability to provide them with a support network that gives them the ability to use those strengths to be successful.”
- **Spreading the ideas.** The enthusiasm in the field for the Prevention Initiative is contagious. The SPA networks across the county meet regularly to share stories and lessons they are learning. Supervisor Kimala Lewis predicted that the work will spread: “I don’t think it’s going to take much to believe in this. I mean, all it takes is just a couple of social workers to say, ‘Whew, that sure did help.’” When DCFS social workers change, DCFS changes.
- **Overcoming competition.** Agencies in the community, some of which saw each other as competitors in the past, also are working differently among themselves. In SPA 7, the lead agencies never had worked together before. Colleen Mooney, SBCC executive director, facilitated the initial meetings between the agencies, and they are now working off the same page. With help from the Casey Family Programs’ technical assistance team in SPA 4, the three large, independent and well-established lead agencies worked through a number of issues as they built their partnership. Licha Drake of the Children’s Bureau, one of the three, said: “It takes time to step back and try something new. We had to come together and work through what we as a whole would like the PIDP vision to be. Through that process, we built our own relationship with each other. In fact, we’ve gone after grants together now.”
- **Foster care placements continue to decrease.** Despite fears that the economic crisis would lead to more children in foster care, the number of children in placement continues to decrease, dipping below 16,000 in April and dropping even further in May (to 15,748). This is a far cry from a decade ago, when nearly 50,000 children were in foster care. Many factors influence foster care entries. But Regional Administrator Chuck Tadlock speculated that “a lot of the prevention work that we’ve been doing over the past year has possibly kept referrals from developing, that people were able to find resources and resolve issues or get hooked up with community groups.”

## Concerns and Challenges

The PIDP networks will need to hold onto these strengths as they face new and ongoing challenges and concerns. Many, if not most, of these concerns center on finding adequate funding to keep the momentum going forward.

- **The economy.** The recession continues to be the 800-pound gorilla in the room and it is gaining weight in Los Angeles. Families in the PIDP communities were struggling with poverty long before the current economic crisis. Loss of jobs grew over the year, which has resulted in an increasing demand for basic necessities of life, such as food and housing. Leaders are concerned that the impact of the recession will continue to hit low-income Los Angeles communities hardest and they will take longer to recover. A state budget crisis only adds to the worries, especially if threatened cuts to public assistance go through.
- **The depth of the need.** The community networks have come far, and the promise is great. But Audrey Tousant of SHIELDS said “The demand is deep. My staff, including me, is only 11 people. That’s not enough. I’d like an outreach coordinator, two navigators at each site instead of one, plus administrators, plus more legal help.” Navigator Sharron Eason added: “You’re trying to help one person, and the couch is filled with people waiting. And you don’t want to lose them. You need to spend at least an hour with each person to listen to their story. It takes time to figure out what they need.”
- **Uneven implementation.** Progress varies across the SPAs. Collaborative planning between a government agency and multiple community organizations is a challenge anywhere, but especially in Los Angeles County, where every community and every partnership is markedly different. The SPAs chose different approaches for implementation. The evaluation notes that DCFS offices that had long-standing relationships with community organizations were able to move faster than those with less history of collaboration. Ruben Gonzales, a member of the Casey Family Programs team of consultants, likened the process to enthusiastic students studying ballroom dance: “A little awkward and some stepping on toes, but intent is everything.” What held it together, he said, was “uniformity around the values and a framework that allowed for diversity of approach based on needs and strengths.”
- **Working with other departments and the judiciary.** DCFS and its partners in the community are not the only ones concerned about families in need. Mental health, public assistance, probation, education and the judiciary all come into contact with the same families. With a few exceptions, other county departments have no formal role in PIDP, but initiatives such as Linkages have begun to reach across bureaucratic barriers. Deepening and broadening these efforts is an important task for the future.

## Sustainability and the Cost of Prevention

Long before DCFS and the county voiced their support with \$5 million for a second year of PIDP, the partnerships were talking about how to sustain the work. Chrissie Castro of Casey Family Programs’ consulting team noted: “I don’t think people ever thought they’d do something for 12 months and it would then just go away. They were looking at other opportunities to keep it going.” Keeping it going also means expansion, since the vast size of Los Angeles County and the small budget for PIDP meant most of the SPAs focused their work on only a few ZIP codes or neighborhoods.

The Prevention Initiative does not involve a lot of extra internal expenditures for DCFS. Rick Bryant, acting deputy director and former regional administrator in SPA 1, said the initiative “doesn’t have a definable workload impact on social workers.” It means they have to spend more of their time doing work in the communities they serve, he said. But when prevention is successful, it also means fewer children need to come into the system, which lowers caseloads and costs.

For the community organizations in the partnerships, sustainability does rest on funding. Staff positions for cultural brokers, parent advocates, community organizers and navigators must be funded. Services in the community must be revved up and maintained to respond to families’ needs. The Prevention Initiative is only a small

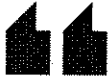
part of the work of the PIDP nonprofit partners, and they are stretched thin.

PIDP evaluators observed in early findings that DCFS and the community agencies involved in this small demonstration project have done an excellent job of blending funds from a variety of sources for maximum impact. The original \$5 million from PIDP intersected with so many other funding streams that it was sometimes hard to figure out who did what with which pocket of money. This funding synergy is one of the initiative's greatest strengths.

The leaders of PIDP know that continuing to leverage existing funds, as well as finding new support, is critical. PIDP was by design a one-year, demonstration project. Now it has the bonus of a second year. The goal is not to extend PIDP forever, but to expand the successful elements and concepts and merge them with new and existing practices, which will sustain the work and strengthen Los Angeles County families and communities.

*The original \$5 million from PIDP intersected with so many other funding streams that it was sometimes hard to figure out who did what with which pocket of money. This funding synergy is one of the initiative's greatest strengths.*

## Conclusion



*Nothing is more effective than preventing a family from falling apart, than keeping a family intact and keeping children with parents who love them but are having trouble surviving day to day. Government can never replace the love and care an adult provides for a child, no matter how much money we spend, no matter how many programs we create. So to create a network whose sole purpose is to prevent families from entering our system in the first place – and for those parents who have entered our system, to give them the support so that their children can be returned quickly – is absolutely critical.*



—Miguel Santana, deputy chief executive officer, County of Los Angeles

PIDP brought a small amount of money to a big vision in a county with a huge heart.

For DCFS to embrace prevention is a change from the norm in the child welfare field. Usually child welfare agencies focus attention and funds on families already in the system, and community organizations are left to support everyone else. This bifurcated approach is breaking down in Los Angeles, at least in the neighborhoods involved in the Prevention Initiative.

Best practice is the integration of all three strategies in each SPA – decreasing family isolation, supporting family economic stability and building access to integrated services in the community. At a recent PIDP meeting, leaders used the analogy of a rope, with three braided strands. The blending of the strands makes the whole stronger than any of the parts. If any one of the strands is pulled out, the rope may not hold.

Best practice also means helping families regardless of where they fall on the child welfare continuum. Ultimately, like all good social work, successful prevention comes down to relationships.

“This is person to person work,” said Susan Kaplan, executive director of Friends of the Family. “And no matter how much we try to wrap it up into these glamorous and glorious programs, in the end, change happens because of a person to person interaction.” This is why there are so many heroes in this story and why PIDP has so many moving parts that it looks like the Los Angeles freeways.

The energy level of those involved in the Prevention Initiative is palpable. No one government agency, no one community organization, no one network, no one SPA, will make the difference. But together they are changing the dynamics in the community.

Together, they make up Langston Hughes’ “community of hands,” tilling the soil and harnessing the power of the waters to create a strong and lasting safety net for families and children.





## Service Planning Areas in Los Angeles County

Los Angeles County is the largest county in the nation, home to more than 10 million people and larger than all but seven states. It is also one of the most culturally and ethnically mixed areas in the U.S. The county is divided into eight geographic Service Planning Areas, or SPAs, some of which are larger than some states. The SPAs are:

**SPA 1, Antelope Valley, population 333,276**, covers the high desert of the Antelope Valley and is the largest geographic area in the county, but has the smallest population. More than 27 percent of the children in SPA 1 live in families with incomes below the federal poverty line, and almost half live in low-income families (200 percent of the poverty level). There are two DCFS regional offices in SPA 1: Palmdale and Lancaster.

**SPA 2, San Fernando, population 2,129,333**, includes the San Fernando Valley section of the City of Los Angeles, as well as other incorporated cities stretching into the Santa Clarita Valley. SPA 2 has the largest population in the county. Sixteen percent of children live in families with incomes below the poverty level; 35 percent of children live in low-income families. There are two DCFS offices in SPA 2: San Fernando Valley and Santa Clarita.

**SPA 3, San Gabriel Valley, population 1,834,677**, includes a number of smaller cities in the northeast region of the county and is known for a mixture of wealthier and poorer communities. Eighteen percent of the children live in families with incomes below the poverty level and 41 percent in low-income families. SPA 3 includes four DCFS regional offices: Glendora, El Monte, Pomona and Pasadena.

**SPA 4, Metro, population, 1,190,448** covers the core of the City of Los Angeles—downtown LA and the densely populated surrounding areas that have lower-cost housing and large numbers of recent immigrants. Poverty is high in SPA 4, with more than 35 percent of children living in families below the poverty level, and more than 64 percent in low-income families. Metro North is the only regional DCFS office in SPA 4.

**SPA 5, West, population 651,084**, includes many of the county's most affluent sections. Less than 9 percent of children live in families with incomes below the poverty level; 19 percent live in low-income families. SPA 5 includes one DCFS regional office, West LA.

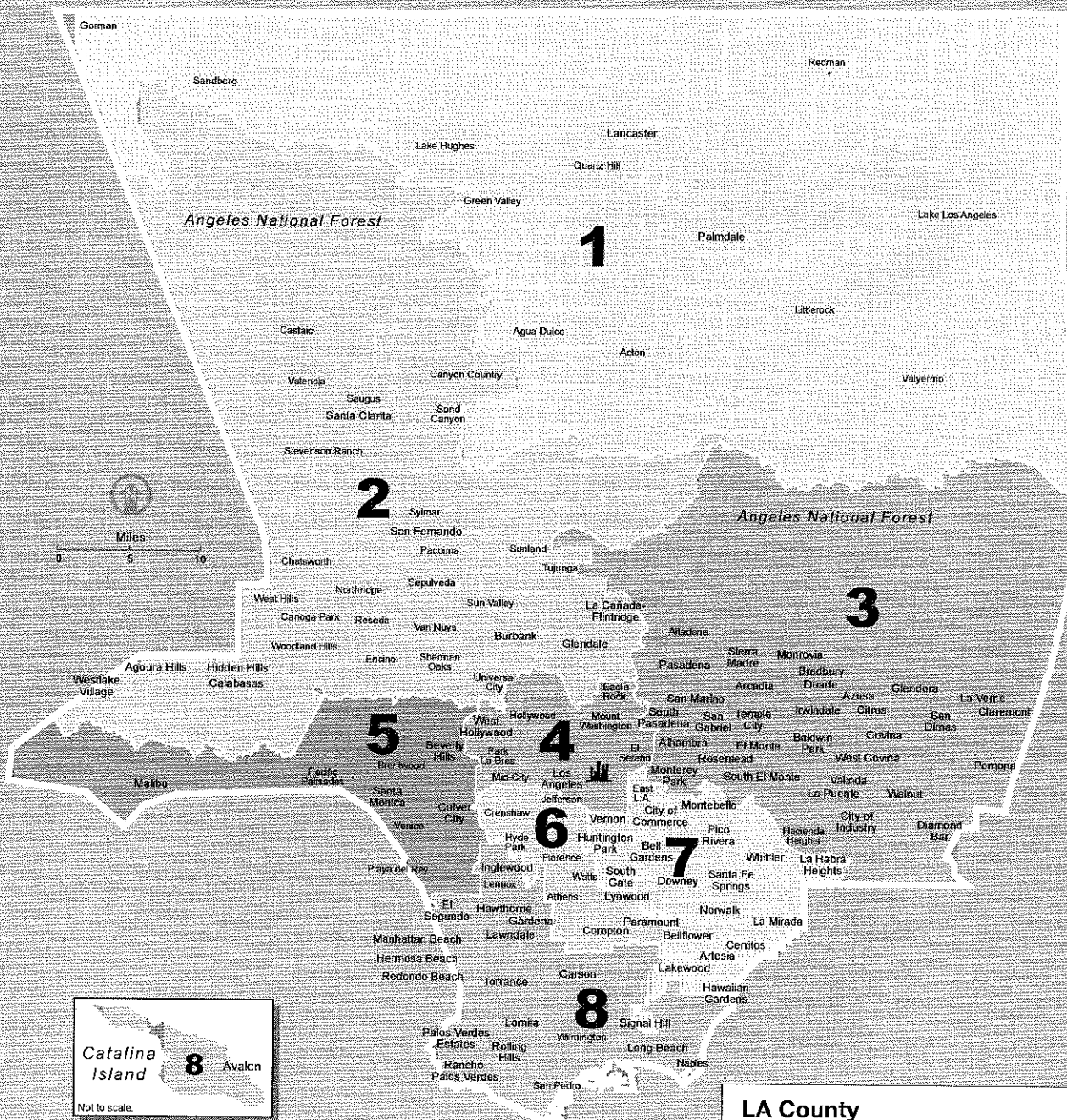
**SPA 6, South, population 1,078,548**, the southern central area of the county, includes many of the poorest sections of the City of Los Angeles, Compton and other unincorporated communities such as Florence-Firestone. Poverty rates are high, with almost 40 percent of children living in families below the poverty line and nearly 70 percent living in low-income families. There are three regional DCFS offices in SPA 6: Compton, Wateridge, and Vermont Corridor.

**SPA 7, East, population 1,405,922**, is located in the southeastern portion of the county and known for a large number of smaller cities and a mix of new immigrant and established residents. Slightly more than 21 percent of the children live in families with incomes below the poverty level, and 47 percent live in low-income families. There are two DCFS regional offices: Belvedere and Santa Fe Springs.

**SPA 8, South Bay/Harbor, population 1,545,275**, is in the southern-most section of the county. More than 22 percent of children live in families with incomes below the poverty level and 43 percent in low-income families. There are two DCFS regional offices in SPA 8: Lakewood and Torrance.

**The American Indian Children's Council (AICC)** is a countywide body working across the eight SPAs to ensure that American Indian children are not overlooked in county planning efforts. It is the only non-geographic council because of the unique nation-to-nation relationship that tribes share with the federal government and, by extension, with local county government. Los Angeles County is home to the largest urban American Indian population in the country.

Data from 2008 Los Angeles County Children's ScoreCards based on 2006 data.  
Descriptions from 2009 PIDP outcomes and evaluation report.



Note: City names are shown in **BLACK**.  
Communities are shown in **GRAY**.

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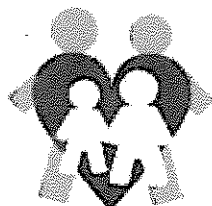
Prevention Initiative Demonstration Project (PIDP)  
**Year One Evaluation Summary Report**  
**Expanded Executive Summary**



Compiled by:

**Jacquelyn McCroskey, Christina (Tina) A. Christie, Jaymie Lorthridge, Ruth Chambers, Peter J. Pecora, Tarek Azzam, Dreolin Fleischer, Erica Rosenthal, Alan Weisbart, Cecilia Custodio, Todd Franke, Phillip Nunn, Stephanie Carter, Jane Yoo, Patricia Bowie, and Cheryl Wold.**

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**For more information about this evaluation report,  
please contact:**

**Dr. Peter J. Pecora**

**Casey Family Programs and  
University of Washington**

1300 Dexter Ave. North, Floor 3  
Seattle, WA 98109

206.270.4936  
ppecora@casey.org

**Dr. Jacquelyn McCroskey**

**John Milner Professor of Child Welfare  
School of Social Work**

University of Southern California  
Montgomery Ross Fisher Building  
Los Angeles, CA 90089-0411

213.740.2004  
mccroske@usc.edu

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**For more information about the LA Prevention Initiative and  
Demonstration Project, please contact:**

**Patricia S. Ploehn, LCSW**

**LA County Department of  
Children and Family Services**

425 Shatto Place  
Los Angeles, CA 90020

tploehn@dcfs.lacounty.gov

**Harvey Kawasaki**

**LA County Department of  
Children and Family Services**

501 Shatto Place, Room 304  
Los Angeles, CA 90020

kawash@dcfs.lacounty.gov

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# Background

## Scope of the Initiative

On February 26, 2008, the Los Angeles County Board of Supervisors approved the Prevention Initiative Demonstration Project (PIDP) as a \$5-million one-year child abuse and neglect prevention project. Twelve community-based organizations that lead or co-lead local networks in each of the County's eight regional Service Planning Areas (SPAs) direct PIDP activities. The network design was intended to facilitate the creation of a comprehensive, strengths-based, locally relevant child abuse and neglect prevention system extending beyond County government and beyond the jurisdiction of any one County department (Los Angeles County Department of Family and Children's Services, 2008).

DCFS deserves substantial credit for working closely with leading community-based organizations (CBOs) to frame the vision that led to PIDP and for encouraging, supporting, and investing in community-based ideas about how prevention should work in different parts of the County. In contrast to previous contract arrangements, DCFS did not predetermine what PIDP services should be but relied on local partnerships between community leaders and administrators of DCFS Regional Offices to develop approaches that fit the needs of eight different regions in this very large and diverse county. The full evaluation report describes the background for developing PIDP, the rationale for how a broad-brush approach to prevention supports and enhances child safety, differences between SPAs in terms of demographics and resource availability, and the evolving prevention partnerships between public and private sectors that support this complex multi-faceted initiative.

Each of the PIDP networks focuses on achieving outcomes associated with the prevention of child abuse: decreased social isolation, decreased poverty and lack of resources, increased protective factors, and more effective collaboration between the County's public child welfare system and community-based organizations. To do so, all of the eight PIDP networks are implementing three braided and integrated strategies: (1) building social networks using strengths-based and relationship-focused community organizing approaches; (2) increasing economic opportunities and development; and, (3) increasing access to and utilization of beneficial services, activities, resources, and supports.

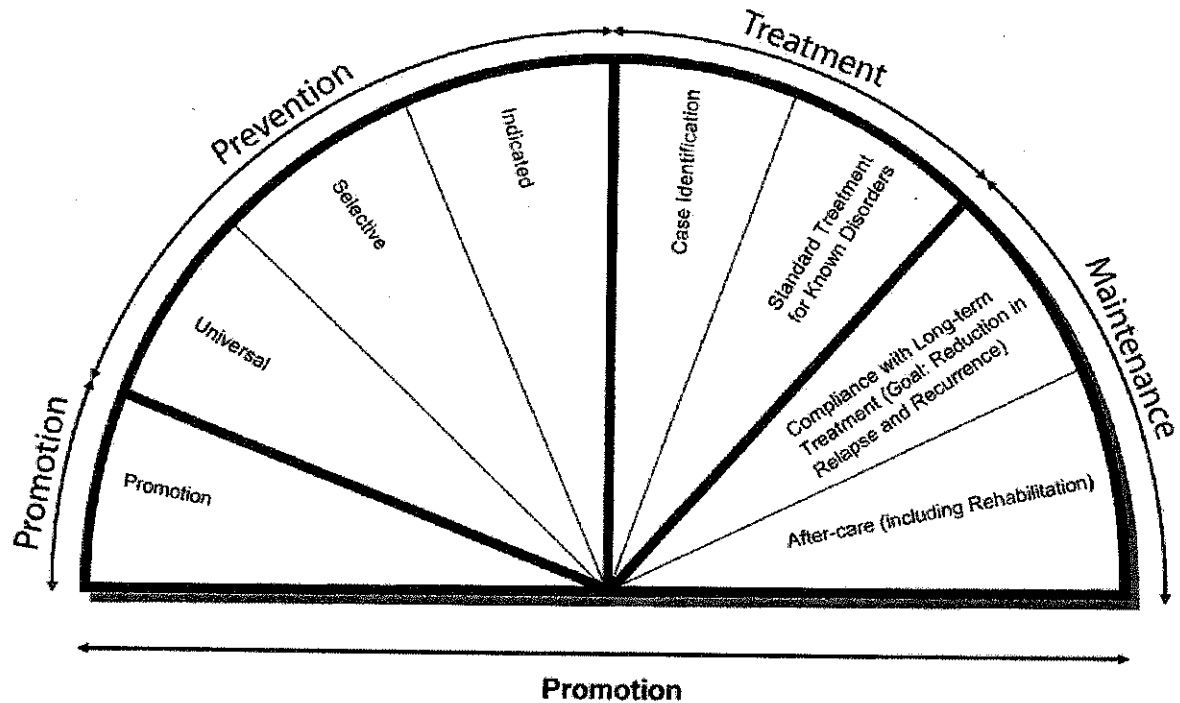
The three strategies rest on theories of change that suggest that increases in social capital resulting from social connection and network building strengthens family systems; relationship-based community organizing enhances community capacity for self-management and self-care; and enhancing protective factors associated with strong families increases children's safety and ability to thrive. While each of the PIDP networks was asked to incorporate all three broad strategies, they were not required to implement them in the same way. Instead, during this first year, they were encouraged to develop approaches and activities that fit the needs of different communities, considering the demographic, social, and economic conditions of different regions and building on local resources to maximize the existing capacity of CBOs, faith-based and grassroots community groups, and other local institutions.

Braiding the three strands into a welcoming, flexible, and accommodating neighborhood-based web means that families can choose to engage on their own terms. In addition, relationships can be nurtured through civic engagement and community improvement projects, and network navigators can help people who need additional help accessing local services. This “no wrong door” approach to delivering services for families and children means that families can find what they want and need when they want it, DCFS workers can find the right kinds of help for the families they serve, and community organizations can help families navigate through a confusing array of programs and agencies. Perhaps even more important, however, is the fact that service delivery can be embedded in a public health approach that strengthens the web of social connections in neighborhoods throughout Los Angeles County.

This kind of holistic braiding adds some important new layers to the existing professionalized service delivery system where “clients” are identified as having problems, professionals assess and develop case plans, and people are referred to services that may or may not be integrated, accessible, or affordable. In addition to linking families to specific services in a time of crisis or need, the PIDP networks offer help with employment and family finances, navigating the maze of community services and supports, and empowering families to solve their own problems. Following the idea that three strands braided together are stronger than the separate strands, the intent of DCFS and the PIDP networks is to purposefully achieve a synergistic and exponential impact using all three complementary strategies.

LA’s approach to prevention is consistent with findings from the emerging science of prevention that place various services and other strategies along a continuum of health programs that incorporate promotion, universal, selected, and indicated prevention (National Research Council and the Institute of Medicine, 2009). As depicted in Figure 1, promotion refers to strategies designed to encourage or nurture good health. Universal is the term applied when a prevention program is helping all populations. Selective is the term applied when the prevention program is focusing on only vulnerable or high-risk populations. Indicated is the term used when prevention programs focus on working with individuals with early symptoms or a problem of illness (Mrazek & Haggerty, 1994). Congruent with this conceptualization, PIDP network approaches and activities span multiple levels of prevention.

**Figure 1**  
**Continuum of Promotion and Prevention Strategies for Mental Health**



Source: National Research Council and Institute of Medicine. (2009). Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities. Washington, DC: The National Academies Press.  
[http://www.nap.edu/catalog.php?record\\_id=12480](http://www.nap.edu/catalog.php?record_id=12480) Reprinted with permission.

The community-level change model underlying much of the PIDP work in LA shows a series of concentric circles, at the center of which are children and families. (See Figure 2.) During the extensive discussion leading to implementation of PIDP, several leading organizations in LA developed consensus around a “community-level change model” that reflects the community perspective on prevention. The group included a regional collaborative of PIDP networks from SPAs 2, 4, 7, and 8; the Children’s Council; and First 5 LA.<sup>1</sup> This community-level work is aimed at improving the same five outcomes for children and families that were adopted over a decade ago by the Board of Supervisors as guiding all of the County’s efforts: Good Health, Safety and Survival, Economic Well-Being, Social and Emotional Well-Being, and Education/Workforce Readiness.<sup>2</sup>

This ecological orientation shows how social networks and relationship-based approaches can enhance traditional social service delivery systems that focus on intervention for those identified as being “in need.” In this scheme, protective factors work to strengthen social connections, sense of community, and civic engagement, which leads to enhanced networks, more assets, and improvements at the community level. The core values that inform this approach are the following: (1) empowerment is the key to self-sufficiency; (2) collaboration is about equal relationships where people share power and money; (3) organizing is

<sup>1</sup> First 5 LA is a unique child-advocacy organization created by California voters to invest tobacco tax revenues in programs for improving the lives of children in Los Angeles County, from prenatal through age 5. [www.first5la.org](http://www.first5la.org)

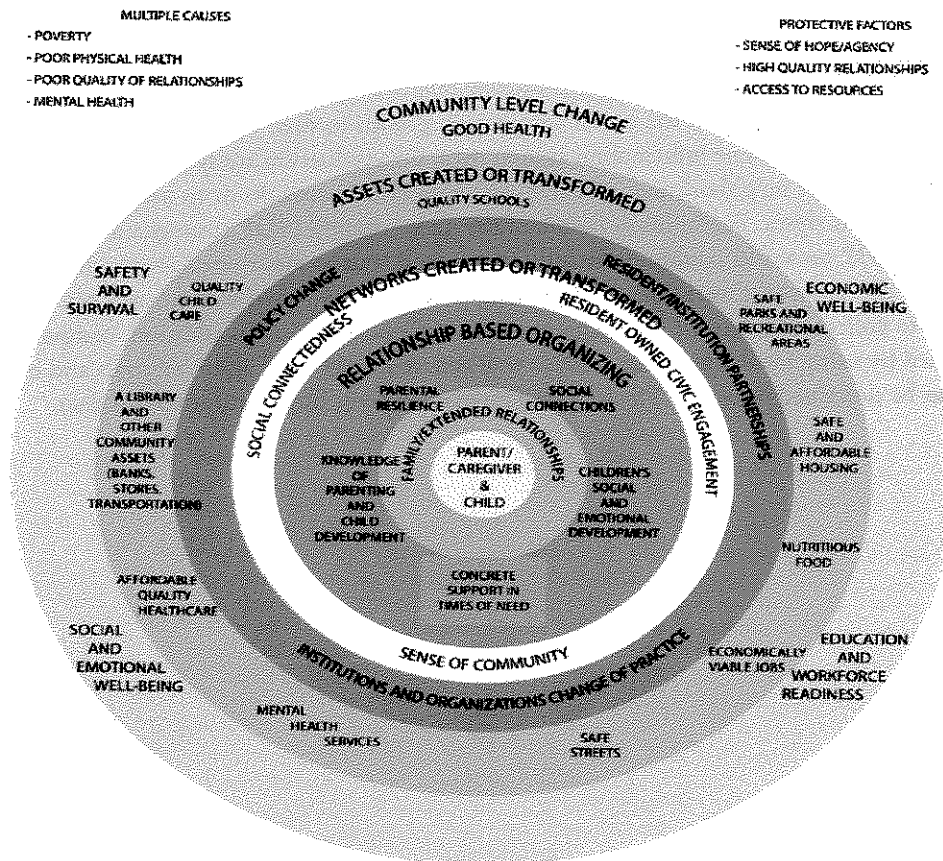
<sup>2</sup> These outcome areas were developed by the Children’s Council (then the Children’s Planning Council) and adopted by the Board of Supervisors in 1993; they have been reflected by a series of biannual LA County Children’s ScoreCards beginning in 1994.

the most effective way to change neighborhoods; (4) given the opportunity, neighborhood residents will make good decisions and choices for themselves, their families, and their communities; and (5) adequate resources need to be available so residents have the practical ability to act on their own behalf.

In a county as large as Los Angeles, it is virtually impossible for programs to keep up with the demand for services to address the problems of individuals and families. It is even more challenging to couple meeting this service need with achieving community-level change that can impact individuals beyond those "touched" by a specific service. Thus, investment in the development of social and organizational networks affords the best opportunity to address the scope and scale dimensions necessary to ensure child safety, support families, and build on personal and community assets.

Network approaches help to analyze, build, and use connectivity among people and organizations to bring about socially desirable ends. Social networks help people overcome isolation, instilling confidence and self-worth by broadening the personal, material, and informational resources on which individuals and families can rely (Bailey, 2006). In a similar fashion, organizational networks play a critical role in helping organizations spread innovation and adapt to change. Having the capacity to adapt to change means having the ability to harness knowledge and creativity to fashion unique responses, stimulate organizational learning, and sometimes embrace and successfully achieve transformational change (Sussman, 2003).

**Figure 2**  
**Community Level Change Model**



Development facilitated by Patricia Bowie and Cheryl Wold in partnership with  
The Children's Council, the Magnolia Place Network, and First 5 LA

## Evaluating PIDP

To address the diversity of Los Angeles, the specific programmatic approaches used in each network, the activities offered to families, the network partners, and the arrangements made to operate each network varied widely. The purposes of this evaluation were to understand the *value-added* by PIDP networks in the complex multicultural communities of the County and to identify areas for improvement. The value-added approach taken by the evaluation team recognized that PIDP was not an entirely new or stand-alone initiative, but rather that it was designed to build on programs already in place, adding new ideas, approaches, and layers to the existing system. To accomplish this, the evaluation team implemented a *mixed methods* and *place-based* evaluation approach to collect different kinds of data from multiple informants.

The overall study design includes methods that (1) assess network development, (2) track changes within DCFS offices and relationships between DCFS offices and community partners, (3) describe responses from participating families, (4) assess promising approaches, (5) test outcomes for children, and (6) provide contextual information on the interactions and synchronicity of multiple prevention-oriented strategies.

Additionally, evaluators affiliated with local efforts conducted several special studies with funds from PIDP network lead agencies. These special studies focused on local approaches deemed by network leaders to be of particular importance, describing network development, family visitation centers, economic development, and collecting data from the perspective of community residents.

## **Study Limitations**

Readers should note that other than the use of comparison groups formed by using nearby zip code areas for the child welfare management information system data, this evaluation study was not able to employ randomized assignment of neighborhoods to PIDP and non-PIDP networks or to use extensive baseline data for longitudinal analyses. Furthermore, some of the networks and PIDP strategies are fairly new, and so the impact of PIDP networks could not be fully ascertained. But as mentioned above, the study team, DCFS, and the PIDP networks were able to implement successfully a *mixed methods* and *place-based* evaluation approach to collect different kinds of data from multiple informants. In addition, comparison groups are being formed by using nearby zip code areas so that differences in child abuse referrals and out-of-home placements can be described using DCFS child welfare management information system data.







# Persons Served

Despite the fairly recent launch of the PIDP initiative, nearly 20,000 persons were served via these collaborations and agency/family networks.<sup>1</sup>

**Table 1**

**DCFS Clients and Community Residents Served by PIDP Networks in 2008 and 2009<sup>a</sup>**

2008 (March to December)			2009 (January to June)		Total for 2008 and 2009
SPA	DCFS Clients	Community Residents	DCFS Clients	Community Residents	
SPA 1	136	2,304	173	477	3,090
SPA 2	485	1,689	1,079	1,604	4,857
SPA 3	183	964	309	332	1,788
SPA 4					2,727
SPA 5	13	391	16	329	749
SPA 6	206	1,237	563	1,521	3,527
SPA 7	113	246	252	506	1,117
SPA 8	390	924	780	1,959	4,053
<b>Total</b>	<b>1,526</b>	<b>7,755</b>	<b>3,172</b>	<b>6,728</b>	<b>21,908</b>

<sup>a</sup> Note: These service delivery statistics reflect a duplicated count because these statistics count service recipients in more than one category.

<sup>1</sup> In February 2008, DCFS received Board of Supervisors' approval for the PIDP initiative. SPAs 1, 2, and 8 began reporting PIDP participants being served in March 2008. SPAs 1 and 2 reported PIDP participants being served in June 2009. The CBSD office requested the data in June 2008, so most of the PIDP agencies were able to provide data up to the previous month of May 2008, as the PIDP agencies were still capturing their data during that month of June 2008. Although the data in Table 1 include duplicate counts of individuals who participated in more than one kind of activity, they give a sense of the scope of PIDP activity during 2008-2009.



## Organizations Involved

Nine interactive PIDP network “maps” (one countywide and eight SPA maps) were designed as Web-based visual graphics that could keep up with changes in organizational participation in these networks as they evolve over time. These maps display information about the organizations participating in PIDP overall, participants in each SPA-level PIDP network, the DCFS Regional Offices served by each of the SPA-level networks, and funding received by network participants from DCFS and First 5 LA. The maps highlight connections between PIDP agencies and other county-wide initiatives funded by DCFS and First 5 LA, illustrating the ways that the 89 organizations involved in PIDP are working to leverage the financial resources provided by two different funders. The maps show that many of the PIDP-funded agencies also receive additional funding from DCFS to provide Family Support services (n=20), Family Preservation services (n=13), both of which are key components of the Promoting Safe and Stable Families (PSSF) program. Fifteen network agencies also received Child Abuse Prevention, Intervention, and Treatment (CAPIT) funding through DCFS. Organizations receiving First 5 LA support primarily receive funds from two initiatives: Partnership for Families (n=20) and the School Readiness Initiative (n=18).

It is also interesting to note that about half of the PIDP lead agencies received funds primarily from DCFS and the other half received funds from both First 5 LA and DCFS. These patterns suggest the potential for more purposeful partnerships between DCFS and First 5 LA to better leverage available funding. While key initiatives may have different goals overall, there appears to be an agency-level connection or synergy between them. This connection could offer an opportunity to leverage resources around common goals in different parts of the County. From a sustainability perspective, it could be assumed that the more versatile an agency is in its funding streams, the more stable its presence in a community. These findings also suggest that there may be opportunities to bring in and support other organizations that received only PIDP funds. Since these maps did not include all of the sources of funding available to support agencies serving families and children in LA County, they only begin to illustrate how funding partnerships might contribute to the sustainability of such services over time.



# Key Evaluation Findings

## **PIDP has added value to the existing system of children's services and supports for families by providing three new and key prevention elements**

The initiative is based on the hypothesis that child abuse and neglect can be reduced and child safety enhanced if:

- Families are less isolated and able to access the support they need.
- Families are economically stable and can support themselves financially.
- Activities and resources are integrated in communities and accessible to families.

Efforts to decrease social isolation speak to the first and third elements. The PIDP networks developed an array of activities to decrease social isolation; this variety reflects the different conditions in each region, the different resources available, and the logic models developed by the networks. Additionally, all networks have worked to develop community-level change models that recognize the strengths of all families, including those who are involved with DCFS as well as those who are not. The idea of universal access—not based on referral or eligibility criteria—presents some challenges in a system that has primarily been driven by referral-to-services processes, but PIDP participants and their DCFS office partners are seeing the value of this additional layer of support for families that focuses on enhancing protective factors, building competence and resilience, and decreasing isolation. Rather than focusing on remediation of problems, the networks focus on family and community strengths, thus giving all families opportunities for social connections and community engagement.

PIDP also required that networks provide economic supports to families. Family economic success activities varied across the PIDP networks. Some of the approaches included adult education, financial literacy workshops, access to emergency food and housing, and access to reduced-price home furnishings and clothing. A few networks took on the challenge of providing employment preparation leading to living wage jobs—clearly the most effective long-term anti-poverty strategy. For example, the SPA 6 PIDP network provided employment training and support for residents interested in fiber optics, medical billing, and other careers. At least half of the PIDP networks joined forces to address the immediate needs of families by enhancing access to tax benefits. These approaches included creation of the Greater LA Economic Alliance (GLAEA) under the leadership of the South Bay Center for Counseling (SBCC) in SPA 8 in partnership with other SPA councils, Quantum Community Development Corporation, and the SPA 7 PIDP network. Other PIDP networks worked with United Way of Greater Los Angeles to create Volunteer Income Tax Assistance (VITA) sites.

## **Each PIDP network reported strengths in certain areas of collaboration**

PIDP agencies have a long history of working in their respective communities. Most of the agencies (87%) have been working in the community to support families and protect children for more than 10 years, with more than half (53%) working in the community for more than 25 years. The majority of responding agencies believe current efforts to encourage coordination and collaboration in their respective collaboratives are succeeding, and they identified the following cross-collaborative strengths:

- Favorable political and social climate
- Mutual respect, understanding, trust
- Appropriate cross-section of members
- Members see collaboration as in their self-interest
- Members share a stake in process and outcomes
- Flexibility
- Shared vision for the community
- Skilled leadership

## **Agencies benefited from their participation in PIDP**

Virtually all (99%) of the respondents to the Agency Staff Survey reported that their organization's involvement in the PIDP collaborative has benefited their organization through an increase in resource awareness, a strengthening of existing partnerships, support that enables them to better serve families, the empowerment of families, information and knowledge sharing, and the development of new relationships and collaboration.

The SPA-based PIDP networks add value to the existing array of services and supports for families and children by leveraging existing resources, and identifying new resources and partners.

As illustrated in the PIDP network maps in the full report, participants have demonstrated creativity in blending funding from several sources, enhancing their own capacity to assure that the whole is greater than the sum of its parts. Existing program infrastructure and cross-agency collaboration facilitated identification of additional resources for individual families, as well as leveraging of multiple funding streams. Leaders of many PIDP networks reached out well beyond the "usual" CBO players to include faith-based and community groups, businesses, and other partners. As a result, many networks also include unfunded members along with funded members.

## **PIDP planning and implementation processes varied considerably across DCFS offices**

DCFS staff were asked about their participation in PIDP planning and familiarity with current operations. The majority of administrators interviewed—both Regional Administrators (RAs) and Assistant Regional Administrators (ARAs)—reported that they, or a designated person on their team, had been directly involved in planning with the PIDP lead agencies. Most interviewees also reported sharing information with staff in their offices to prepare for the development of office-specific and community-specific PIDP strategies. Planning processes included identifying high-need communities based on CWS/CMS management information system, SPA, zip code, and community-specific data as well as identified problems, such

as disproportionality or domestic violence. DCFS offices that had long-standing collaborative relationships with community partners had an advantage in working with those service providers to plan for PIDP. This advantage led particular offices to move more expediently from planning to implementation.

### **Front-line staff at the DCFS offices had the least knowledge about PIDP**

Given the involvement of mostly high-level DCFS staff in PIDP planning and implementation, lack of knowledge about PIDP found through interviews with front-line staff was not surprising. There was also some confusion about the meaning of “prevention” because the term is so global and may not have been defined specifically when used in conjunction with various PIDP communications.

Though DCFS staff members were not always clear about what prevention meant in a DCFS context, reactions to the idea of prevention were quite positive.

DCFS staff members who were familiar with PIDP reacted very positively to the initiative, saying that they need all the help they can get to serve families and protect children. Not surprisingly, workers reacted most positively when they could see immediate benefits for families.

### **Key challenges include replicability, sustainability, and solidification of new relationships**

Regional conditions and resources are different enough that it may never be possible to require “fidelity” to a particular “model” of prevention across LA County, and PIDP started with the understanding that local approaches should be developed to build on existing capacity and fit the needs of different communities. It should be possible, however, to identify key elements or approaches that could be more widely replicated. This report supports this process.

Publicizing the resources available through PIDP has met with some challenges. DCFS staff, families, and other partners do not always know what kinds of resources are available through PIDP networks. While it is more important that families know where to go for local assistance regardless of the name of the program or funding stream, it is also important that DCFS staff, particularly front-line staff, recognize that their department is providing resources for all families, and that they know where and how to help families access the PIDP networks.

Sustainability is a challenge for any new project. However, the general budget crisis and stagnant economy make stakeholders especially concerned about the sustainability of what is developed and learned through PIDP and its networks. Concerns about sustainability are fueled by the depth of need identified during the first year. These community networks have come far, and the promise is great, so their loss, even at an early stage, would be felt. An agency director said, “The demand is deep. My staff, including me, is only 11 people. That’s not enough. I’d like an outreach coordinator, two navigators at each site instead of one, plus administrators, plus more legal help.” A navigator added, “You’re trying to help one person, and the couch is filled with people waiting. And you don’t want to lose them. You need to spend at least an hour with each person to listen to their story. It takes time to figure out what they need.”

Lastly, collaborative planning and solidification of relationships between a government agency and multiple community organizations is a challenge anywhere, but especially in Los Angeles County. In some cases, an SPA had to create a new network from which PIDP could operate, and this required forming new relationships. Other DCFS offices delayed planning with lead agencies, perhaps because they did not know each other or were not sure about who they would be working with until funding was in place. In these cases, implementation was delayed, PIDP activities got a late start, and there was varied progress across the SPAs.

## **Parents and youth are benefiting from participation in PIDP activities**

Data collected from both surveys and focus groups highlight the benefits that both parents and youth feel they have received from PIDP. Benefits cited by parents included greater involvement in their community, more desire to engage in community activities, and feeling less lonely or isolated.







# Notable Approaches

Each of the PIDP networks implemented approaches reflecting the integration of all three prevention strategies. Based on data from multiple sources, the evaluation team and the PIDP leadership team believe that it is the integration of the three strategies, universally available, that is producing positive outcomes. The following section highlights *some examples* of practice approaches based on the three strategies:

1. Building social networks using community organizing approaches
2. Increasing economic opportunities and development
3. Increasing access to and utilization of beneficial services, activities, resources, and supports

The following examples of “notable approaches” help to illustrate the creativity of the PIDP networks, providing examples of concrete activities that can help to ground consideration of the recommendations that follow. It is important to note that these examples are based on special studies carried out by evaluators affiliated with and funded directly by PIDP networks. This set of five examples by no means covers all of the prevention approaches being used across this large and diverse region. However, they do provide laudable examples that make it easier to visualize how the diffuse notion of “prevention” is being brought to life in neighborhoods throughout Los Angeles County.

## Family Resource Centers

SHIELDS for Families, the lead PIDP agency in SPA 6, worked with five collaborative partners, chosen not only for their expertise but also for their locations in different areas within the SPA and their ability to partner directly with three DCFS regional offices. They developed four Ask, Seek, Knock (ASK) Family Resource Centers, including one faith-based navigation site. At each resource center, English- and Spanish-speaking navigators provide linkages and referrals to families seeking community resources. They also provide direct service through vocational and educational classes, supportive services, transportation assistance, and legal referral services.

Resource Center navigators work with DCFS cases as well as clients referred and recruited from other community sources. There is no differentiation of services for DCFS-referred or walk-in clients in accessing these no-cost services. The ASK Centers were designed to present an alternative to case management so that clients are able to have a say in what they need and what services would have the most impact in their families. ASK Center staff become partners with families in achieving outcomes and they follow up with them to see if they have encountered any barriers or need additional resources. Navigators also reach out to agencies outside the immediate collaborative on a regular basis. This allows for continued interaction with families who might otherwise remain isolated. Other activities that target social isolation include Community Resource Fairs, Days of Dialogue, the Book Club, the Men’s Support Group, Parenting Workshops, Scrapbooking, Women’s Empowerment Group, Stress Management, the Community Library, and Family Planning.

Through June 2009, ASK staff had worked with 1,515 families. Navigators identified and verified over 1,000 community resources to link clients with. Information on these resources is stored in a database accessible by area of need or zip code. A kiosk was also developed where the public can anonymously access the resource data. Approximately half (n=769) of the families served were referred by the three SPA 6 DCFS regional offices. While 374 of these families were linked to services that addressed their needs, others could not be contacted or refused assistance. It is perhaps not surprising in this region where almost 40% of children live in families with incomes below the poverty level that many of the top requests for assistance were for concrete resources. The top request from non-DCFS families was for assistance with housing, and the top request from DCFS families was for assistance with food.

Families wanting to improve their family's economic situation could choose to participate in a vocational certification program, high school equivalency and basic-skills classes, financial literacy workshops, entrepreneurial education, job readiness/development, legal services, and job placement. Vocational classes included Business Office Communications, Emergency Medical Technician, Medical Billing, and Fiber Optics. They engaged 758 adult students in employment-oriented workshops and classes during the first year of PIDP; 595 classes were offered through June 2009, and students logged 27,839 hours in classes.

The PIDP network in SPA 6 also identified a strong need for legal aid services to remove barriers to employment. They engaged the services of a Legal Services Coordinator to help link families with attorneys and legal aid entities in the community that offer pro-bono or sliding-scale counseling. To date, nearly 400 referrals have been made. Through collaboration with various entities such as Public Counsel Law Center, Los Angeles County Region V GAIN office, Los Angeles County Child Support Services Department, and others, ASK has been able to provide legal workshops in the following areas: Criminal Record Expungement, Child Support Services, Special Education Law, Homeless Court Legal Advocacy, and Immigration Law. Legal aid provides an unforeseen yet essential compliment to vocational and basic skills training. Many community families are held back from economic stability or advancement because of legal barriers. The need for these services has been so great that ASK is planning to hire a part-time attorney in the upcoming year.

In addition to developing and partnering with other community agencies to implement the ASK Centers, SHIELDS secured additional funding through partnering with AmeriCorps to provide additional staff and volunteers to support the implementation of the Volunteer Income Tax Assistance (VITA) program in SPA 6 for the 2010 tax season. As noted above, leveraging resources provides some program stability to secure services for families in a stagnant economy. For example, SHIELDS for Families linked PIDP with funding from First 5 LA to leverage resources among core partners. Out of this collaboration developed a partnership with California State University, Dominguez Hills to implement an on-site Master of Social Work program for partner agency staff, addressing the professional workforce shortage in the SPA 6 community.

## **Neighborhood Action Councils**

The establishment of Neighborhood Action Councils (NACs) is a strategy for primary prevention implemented by a regional collaborative, including the PIDP lead agencies in SPAs 2, 4, 7, and 8. (In SPA 2, they are called Community Action Councils.) NACs are groups of residents in a specific neighborhood who come together through a process identified as relationship-based community organizing. Groups of residents who share the same geography and many daily life experiences come together, forming personal bonds and strengthening connections in community through their relationships and the collective actions they choose to take. Relationship-based organizing operates from an asset-based perspective, focusing on the gifts and talents of individuals and families, supporting each person's capacity to contribute to the NAC and the community.

In the context of PIDP, relationship-based organizing and the establishment of NACs are a foundational approach that braids the three key PIDP strategies together. These integrated strategies include (1) relationship-based community organizing, (2) economic development, and (3) access to a broad array of services, supports and resources for families. In the theory of change model associated with relationship-based organizing, the impact of the creation of a NAC results in changes in the way individuals in the NAC see themselves, in increased feelings of connectedness and support, and in the competency and capacity to have impact in their lives. The presence of a NAC will affect the way members feel about the group in which they participate, a group of neighbors they can rely on, relate to, and count on. The presence of the NAC will change the way group members feel about their families. It will create opportunities for increased intimacy, shared values, and opportunities for shared experiences of civic engagement. The NAC will impact the way members feel about their neighborhood and their capacity to impact the quality of daily life in their neighborhood through their own efforts. For example, when this approach is applied in a high-risk neighborhood identified by DCFS as having a significant number of reports to the hot line, it is expected that the NAC will build and support protective factors associated with a reduction in rates of child abuse. These protective factors include parental resilience, social connectedness, concrete support in times of need, and knowledge of parenting and child development.

An Earned Income Tax Credit (EITC) campaign was also developed to utilize the capacities of the residents' relationships through the NACs. Work on EITC helped to ensure that NAC members and their neighborhoods were connected to this concrete reallocation of resources (money from EITC filings) for themselves and the other members of their communities. That same strategy applied to the utilization of services and supports. NAC members and their respective neighborhoods were specifically targeted so that they would be able to have multiple impacts on the same population, namely members of NACs in high-risk neighborhoods.

Participants reported that the NACs impacted their lives in a variety of ways. First and foremost, there was a positive change in how they defined and/or saw their community. As one member stated, "I guess the community is where I live. I live in Hawthorne. I used to only see the negative, but now I see the strengths in the community and how everyone is connected to it." Resources gained through the NACs also enriched the lives of participants. One NAC member commented, "We are already getting a lot of stuff in terms of working with the NAC and support and all of that but what I appreciate also is the real information that we are able to get. I feel like I know things now about things and that is worth a lot." The NAC became more than an action group for participants—it was "family" and a means for providing access to resources.

In addition, the relationship between the NAC and supporting community agencies was seen as a relationship of mutual respect with rapport. Interviews with agency executive directors provided evidence that the NAC framework had great value for their agencies and was a program and philosophy they would continue.

Data collected from NAC participants prior to and following their participation in the NAC affirmed the value of NACs in concrete ways. The survey assessed several related areas: changes in sense of community, changes in connectedness and support within the NAC, changes in the family, and individual changes. In all of these areas, both adults and youth reported that the changes (gains) they experienced were all positive. These results support the findings that participation in the Neighborhood Action Councils increased reported feelings of connectedness among members as well as between individuals, families, and the communities in which they live. When combined with findings from the focus groups and interviews, the data form a powerful body of evidence supporting the utility and power of relationship-based community organizing (Franke, 2009).

## Earned Income Tax Credits and Other Family Economic Strategies (FES)

Enhancing economic opportunities and development for families and communities requires a strategy that focuses on creating access to capital by utilizing effective partnerships that generate revenue for residents and their neighborhoods, increasing employability, decreasing roadblocks to employment, and increasing family financial literacy. EITC has been acknowledged as one of the most powerful programs in the U.S. today in terms of increasing cash in hand for families (Plotnick, 2009). As part of PIDP, networks in SPAs 2, 4, 7 and 8 joined forces, under the leadership of the South Bay Center for Counseling and the SPA 8 Children's Council, in creating the Greater LA Economic Alliance (GLAEA). GLAEA provided free income tax preparation for individuals with a maximum gross annual income of \$50,000, free workshops on earned income tax credits and childcare tax credits, small business tax preparation, Individual Taxpayer Identification Number application preparation, and banking services. The EITC campaign was seen as a test of the Community-Level Change Model described earlier. The coalition built upon the social supports, resident action, and networks of connection embedded in the NACs.

NAC members reached out to their neighbors and friends—encouraging many people who had never used such services before to receive benefits. Participants were also able to open bank accounts. According to participating PIDP networks, this campaign is an on-going demonstration of the potential of relationship-based organizing to reach disenfranchised, marginalized populations and connect them to resources that impact their daily lives.

GLAEA's tax preparation campaign provides an excellent example of how the PIDP networks have worked together to maximize impacts. During the EITC campaign, GLAEA assisted residents in completing nearly 5,000 tax returns and generating almost \$5 million in refunds<sup>1</sup>—dollars that went directly to residents and their communities (Greater Los Angeles Economic Alliance, 2009). This collaborative EITC campaign demonstrated that resident and community relationships created through the NACs build social supports, provide linkages to resources, and strengthen economic stability. Next steps will focus on how to continue building upon the NAC groups and networks to strengthen economic development strategies.

PIDP networks in some SPAs approached the issue of expanding access to tax benefits by working through Volunteer Income Tax Assistance (VITA) sites. For example, SPA 4 reported a total tax refund amount of \$323,254 for residents working between February 1 and April 15, 2009. The SPA 6 network secured additional funding through partnering with AmeriCorps to provide additional staff and volunteers to support the implementation of the VITA program. More specifically, SHIELDS for Families, lead agency for SPA 6, secured additional funding through partnering with AmeriCorps to provide additional staff and volunteers to support the implementation of the VITA program in SPA 6 for the 2010 tax season.

“By the end of April 2009, these combined campaigns had generated nearly \$5.5 million in income tax returns for low-income parents across the County.”<sup>2</sup>

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<sup>1</sup> The data source for the 2008 Greater Los Angeles Economic Alliance report is the Internal Revenue Service (IRS) Taxwise System. Personal Communication, Mary Hammer, September 3, 2009.

<sup>2</sup> Personal Communication, Mary Hammer, September 3, 2009.

## **Cultural Brokers and Parent Advocates**

In SPA 3, the cultural brokers and parent advocates models developed in Fresno and Contra Costa counties were adapted as one approach to decreasing the disproportional representation of African American children seen by DCFS regional offices. During the first year of PIDP, cultural brokers participated in 164 Team Decision Making (TDM) meetings and, as a result, were responsible for significantly fewer detentions of children into the foster care system. Cultural brokers negotiated with DCFS social workers to provide more services and support systems to families instead of detention as the only option. They also maintained the focus on risk and safety issues for families while participating in the TDMs. Cultural brokers also worked to increase the quality of the relationship between the DCFS and the families being served, so that better outcomes are achieved for families. Cultural brokers are community members ideally from the same culture as birth families who help families understand the culture and expectations of DCFS, communicate strengths of families and their community of origin, and when possible, prevent unnecessary removal of children that can occur as a result of cultural misunderstanding.

Parent advocates were assigned to 112 families and assisted them in building stronger community support systems, participating in parent networks that focus on community organizing and self-empowerment, and securing economic stability through linkages to public benefits, financial literacy programs, and job training programs. Parent advocates are life-trained paraprofessionals who have successfully negotiated child welfare systems and provide daily advocacy, leadership, and training for parents. Parent advocates are highly accessible to families and also participate in TDMs in order to help parents understand DCFS case plans, provide transportation, and most importantly, provide social support.

## **Faith-Based Parent-Child Visitation Centers**

One of the most significant challenges facing the child welfare system is the separation of parents from their children. The goal of reunification, though paramount, is filled with many obstacles. One major obstacle to reunification has emerged around the need for additional coaching and support for mandatory monitored visits during which parents are required to demonstrate that they are improving their parenting skills and are capable of regaining custody of their children. Completing visitation requirements can be very difficult for parents, especially when there are numerous competing demands on their time, little or no private space to conduct meetings, and tension between social workers, foster parents, caregivers, and parents.

In order to address these problems, faith-based visitation centers were created, developed, and implemented by the SPA 8 PIDP network in partnership with the DCFS Torrance and South County (formerly called Lakewood) regional offices and two faith congregations (churches). Both centers were established in local churches through partnership with the faith communities. The centers were designed to create a home-like atmosphere with amenities such as a kitchen that would support more home-like activities, aiding family interaction and improving communication.

DCFS regional administrators in both offices explained that they belonged to a region-wide faith-based coalition called the South County Faith-Based Council, which includes churches, agencies, and local community residents. The idea of the visitation centers was introduced to the Faith-Based Council and was very well received. From this original council, the regional offices then partnered with the South Bay Counseling Center (SBCC), which provided support in the form of training and Live Scans for the coaches. The relationship with SBCC and the SPA 8 PIDP network has been one of technical support and initial introduction to the coaches for a two-session training.

The main successes of the visitation centers were establishment of the centers, staffing the centers, the positive reaction of the families that have been able to use the centers, and the commitment of child welfare staff from both DCFS regional offices. Staff in both regions said that the presence of the coaches has

alleviated some of the stress of serving their caseload; it has also served as a general support for their work. The staff reported that they genuinely enjoyed working with the coaches. It is important to note that for the Torrance staff, the "coaches" are primarily paid human service assistants (there is only one "volunteer" coach) and are carefully trained. For the Lakewood staff, the "coaches" are volunteers from the Park Crest Church and have received only training from SBCC. In both Torrance and Lakewood, families being served have been very positive about the visitation centers and the coaches.







# Recommendations

## Recommendations for Year 2 Program Design and Deliverables

It appears that DCFS and its partners are seeing results from the integration of the three core strategies, no matter the stage of prevention at which participants enter. The approach to prevention should continue to support the braiding and integration of the three strategies (build social networks, increase economic opportunities, increase access and utilization of resources and supports). Data from several sources suggest that the three strategies operate most effectively when they are considered as a holistic approach to building communities, supporting families, and increasing child safety.

Linking public and private services into a flexible array that can be easily accessed by families makes even more sense during a time of economic crisis for families and budget cuts for service providers. Taken together, the three strategies appear to be much more effective than any one strategy alone. Rather than just linking each family to “services” in a time of crisis or need, integrated networks addressing all three goals serve everyone by strengthening the capacity of communities to support all families and strengthening the capacity of families to care for themselves and their children.

- 1. All networks need to engage residents and DCFS clients in a strength-based and relationship-focused manner (such as Community Action Groups) as part of their provision of comprehensive prevention services, resources, and supports to participants.**
- 2. All networks need to deepen their family economic success strategies to mirror those that have demonstrated the best outcomes for residents, families, and communities as a whole. Effective strategies demonstrated during the first year include job training and placement programs and expanding access to EITC benefits.** The networks need to work in partnership with regional offices to ensure greater access for DCFS families and relative caregivers to these economic benefits.
- 3. Some networks need to refine PIDP referral processes with their regional offices for secondary and tertiary supports for families referred by DCFS. Peer consultation and strategies from the PIDP networks that have demonstrated the highest levels of efficiency and timeliness in meeting the needs of these families could help to spread best practices.** During the first year, a good deal of attention was focused on countywide meetings, including monthly PIDP forums, two learning sessions, evaluation work group sessions, and other key meetings. While this was appropriate for the initial development stage, focus should now shift to helping to facilitate and strengthen local conversations.

Time is a critical resource for PIDP network members, and the more time that is spent driving to and participating in countywide meetings, the less that is available for the critical partnership work needed at the SPA level. Best practices need to be shared at the local level. For example, the SPA 2 network and the San Fernando Valley DCFS office created specific referral forms that should be shared across offices in order to make cross-agency referrals less cumbersome. This might involve streamlining internal paperwork and referral processes to reduce the number of forms needed by caseworkers. The San Fernando Valley office has also developed a Memorandum of Understanding with local community partners that outlines shared responsibility for determining which community partners attend Team Decision Making meetings.

4. **Implement Visitation Centers across all SPAs, with a focus on partnering with the faith-based community to develop and implement the centers, recruitment and training of coaching volunteers, and determining ongoing sustainability of these centers, as modeled in SPA 8.**
5. **The demonstrated ability of the lead agencies to significantly expand their network of services and resources indicates that these agencies, with proper support, can grow to meet many of the future needs of DCFS and County government.** This could include activities such as Differential Response Path One and current efforts to implement the federal American Recovery and Reinvestment Act (ARRA)/Stimulus program in LA County.
6. **Networks in conjunction with DCFS should explore varied sustainability strategies that would leverage and enhance the County's ability to provide ongoing investment in prevention work.** This should be in conjunction with the County's need to maximize matching for prevention efforts (see next section for details). Hopefully, findings from this study will be useful as DCFS continues its work on redesigning County contracts for PSSF and CAPIT programs, a critical opportunity to better integrate a number of key funding sources to assure maximum impact for families in need. DCFS should also continue to explore additional opportunities for enhancing its partnerships with First 5 LA and other funders, as suggested by the first-year PIDP network map.

## **Recommendations for DCFS Contracting, Procedures, and Practice**

Based on these promising findings, PIDP should be continued, refined, and enhanced. To do this, several key issues will need to be considered carefully.

1. **DCFS should assure that second-year contracting processes are aligned with desired goals, outcomes, and processes referenced in the Program Design and Deliverables recommendation section.** Regional offices should continue to be involved in their designed PIDP lead agency's development of the second-year program deliverables.
2. **It is essential that the County maximize drawdown from all possible matching funding sources and that it continue to explore synergies with private grant-making.**
3. **Integration strategies need to be developed between the Chief Executive Office, DCFS, and PIDP network leaders to link other County departments into PIDP networks without overwhelming the limited capacity of these networks.** It is important that conversations about how to work effectively across departments consider the networks'

potential for effective outreach and information sharing in local neighborhoods, as well as direct participation of families in specific activities. It is also important to consider the extent to which the overall outcomes desired for families and children can be enhanced through better integration and alignment. Many of the PIDP approaches and activities should not only be effective in reducing child maltreatment but can also contribute to improving other aspects of the County's five outcomes for children: Good Health, Safety and Survival, Economic Well-Being, Social and Emotional Well-Being, and Education/Workforce Readiness.

4. **During Year Two, DCFS and the PIDP lead agencies should jointly develop communication and outreach strategies to increase linkages for DCFS social workers to the PIDP networks.** This may require special training for supervisors of caseworkers who need to communicate and support the PIDP message, and it will require strategic thinking in each office about how to communicate the practical benefits of PIDP to caseworkers. Regional office administrators should share success stories at staff meetings, create newsletters, and email these success stories to everyone to reinforce the PIDP message and increase information about the opportunities available to families.
5. **DCFS and PIDP lead agencies should help caseworkers by developing visual case flows and other aids that clarify the different kinds of community connections that are possible for families.** Materials should go beyond the usual terminology of "referral to service providers" to include, for example, participation in relationship-based community support groups, access to free services and supports, claiming tax benefits, and enrollment in early care and education programs. Adapting or refining the DCFS flowcharts to show how PIDP and other community-based services can fit into the regular flow of services would help caseworkers expand the options they recommend to families.

## Recommendations for Future Research and Evaluation

Our recommendations involve two kinds of activities: better coordination of data collection and analysis activities, and the need for more rigorous evaluation methods to be implemented in the future. Findings from descriptive evaluation of PIDP during its first year are very promising, suggesting that at least some of the prevention approaches should be evaluated more rigorously during subsequent years.

1. **Better coordination between PIDP network staff, internal DCFS program monitoring staff, DCFS information system staff, and external evaluators would help to assure that data collection tasks are not overwhelming for any one of these parties.** After the first year, it is reasonable to readdress questions about what really needs to be included in regular program monitoring reports. While it is easier to track the numbers served, such data generally do not pay enough attention to the value derived from different levels of effort, or different kinds of effort expended toward different kinds of gain, or the purposeful integration of the three prevention strategies. A workgroup composed of representatives of all parties should be established to revise basic monitoring and data tracking forms in order to get the best and most useful information possible.
2. **A targeted and rigorous evaluation plan should be developed by multiple stakeholders for the next stage of PIDP.** Although it was not possible to closely track child and family outcomes during the first year of PIDP, it will become more important every year to track

traditional child welfare outcomes, and to measure improvements in protective factors, family attitudes, and staff attitudes. The next set of research questions could include the following:

- How does PIDP affect DCFS referral rates in targeted high-need small communities (zip code areas)? How does PIDP affect case openings, foster care, child safety, and subsequent system utilization for the families known to the department who are referred to PIDP networks?
- How does PIDP, including utilization of the new visitation centers (based on a coaching model), impact reunification rates and length of time in out-of-home care?
- To what degree does social network group participation strengthen family protective factors (resilience, concrete support, pro-social connection, and social and emotional competence) in ways that are known to reduce child abuse and neglect?
- What PIDP outcomes can be monetized to document the economic benefits or return on investment (ROI) of this initiative?

Addressing these questions will require that DCFS and community agencies support a rigorous set of comparison group studies, as well as longitudinal data analyses of CWS/CMS and other data over time. By carefully phasing in key practice interventions, it should be possible to use comparison group evaluation designs that will more definitively address the questions above, including what set of prevention strategies works best for what kinds of communities.

In conclusion, Los Angeles has made tremendous strides in increasing access to family supports and decreasing the use of foster care by over 50%. During these challenging economic times, the PIDP networks in collaboration with local DCFS offices have helped to maintain some of these gains. Given this foundation, the County of Los Angeles has an opportunity to help solidify these networks and build on this progress to create one of the most innovative multi-faceted child abuse prevention systems in the country.







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**Casey Family Programs**

**1300 Dexter Avenue North, Floor 3  
Seattle, WA 98109-3542**

**P 800.228.3559**

**P 206.282.7300**

**F 206.282.3555**

**[www.casey.org](http://www.casey.org)**

**[contactus@casey.org](mailto:contactus@casey.org)**

# Midcourse Lessons Learned from the Los Angeles County Prevention Initiative Demonstration Program (PIDP):

Early Successes, Partnerships, and the  
Challenges That Lie Ahead

Executive Summary



**Revised January 22, 2009.**

Compiled by Peter J. Pecora, Jacquelyn McCroskey,  
Jaymie Lorthridge, Ruth Chambers, Todd Franke,  
Christina (Tina) A. Christie, Tarek Azzam,  
Dreolin Fleischer and Stephanie Carter Williams.



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**For more information about this evaluation report, please contact:**

*Dr. Peter J. Pecora*

Casey Family Programs and  
University of Washington  
School of Social Work  
1300 Dexter Ave. North, Floor 3  
Seattle, WA 98109  
ppecora@casey.org  
(206) 270-4936

*Dr. Jacquelyn McCroskey*

University of Southern California  
School of Social Work  
Montgomery Ross Fisher Building  
Los Angeles, CA 90089-0411  
mccroske@usc.edu  
(213) 740-2004

**For more information about the LA Prevention Initiative and Demonstration Project, please contact:**

*Angela Carter*

LA Dept of Children and Family Services  
DHFS Services Bureau IV  
425 Shatto Place Los Angeles, CA 90020  
carteac@dcfs.lacounty.gov  
(213) 351-5671

*Harvey Kawasaki*

LA Dept of Children and Family Services  
501 Shatto Place, Room 304  
Los Angeles, CA 90020  
kawash@dcfs.lacounty.gov  
(213) 738-3000

# Los Angeles County Prevention Initiative Demonstration Project (PIDP)

In February 2008, the Los Angeles County Board of Supervisors approved the Prevention Initiative Demonstration Project (PIDP), an innovative countywide effort to demonstrate effective approaches to reducing child abuse and neglect. This unique partnership between the Department of Children and Family Services (DCFS) and community-based organizations is designed to strengthen families while providing opportunities for government agencies and community residents to increase the safety and well-being of children, families and the community.

## What Is PIDP?

PIDP is a \$5-million, one-year child abuse and neglect prevention project led by community-based providers selected in each of the eight regional Service Planning Areas (SPAs). This initiative will inform DCFS' continued development of successful child abuse prevention measures that can be sustained and replicated across the County.

Guided by the core value of collaboration, DCFS and community organizations are working closely with each other and residents to find the most effective ways to ensure child safety and family well-being. The community organizations are creating a strength-based network of family support that maximizes and aligns resources to connect families and prevent child abuse and neglect.

## Goals

- Support healthy communities to prevent child abuse and neglect before it occurs
- Increase social and community connections of families
- Strengthen family economic success
- Expand networks of support for families by leveraging opportunities and resources
- Evaluate strategies and initiatives to identify innovations for potential replications and use results to enhance the way DCFS does business in LA County

## Structure

- A unique partnership between County government and community-based agencies
- 12 contracted community organizations in eight regional SPAs lead the implementation
- 17 DCFS Regional Administrators working in partnership with social service agencies
- Casey Family Programs, a national foundation that works to improve child welfare, is supporting the initiative in three areas: capacity building, strategic communications, and evaluation, with additional support for evaluation provided by First 5 Los Angeles

**Casey Family Programs** is the nation's largest foundation entirely focused on foster care. Since 1966, we have worked to provide and improve foster care in the United States. As advocates for change, we are committed to our **2020 Strategy**—an ambitious yet attainable reform to safely reduce the need for foster care and better the lives of those in it. [www.casey.org](http://www.casey.org)





# **Midcourse Lessons Learned from the Los Angeles County Prevention Initiative Demonstration Program (PIDP): Early Successes, Partnerships, and the Challenges That Lie Ahead**

## **Executive Summary**

On February 26, 2008 the Board of Supervisors approved the Prevention Initiative Demonstration Project (PIDP), an innovative countywide effort to demonstrate effective approaches to reducing child abuse and neglect. This unique partnership between the Department of Children and Family Services (DCFS) and community-based organizations is designed to strengthen families while providing opportunities for government agencies and community residents to increase the safety and well-being of children, families and the community. PIDP is a \$5-million, one-year child abuse and neglect prevention project led by community-based providers selected in each of the eight regional Service Planning Areas (SPAs). Guided by the core value of collaboration, DCFS and community organizations are working closely with each other and residents to find the most effective ways to ensure child safety and family well-being. The community organizations are creating strength-based networks of family support that maximize and align resources to connect families and prevent child abuse and neglect.

At the same time, DCFS offices have also been able to use the financial flexibility afforded by the Title IV-E Waiver to help and support families at their “Point of Engagement” with the child protective services system by providing differential responses to individual needs, including linkages to community-based resources, services and supports. Started in 2004, Point of Engagement (POE) has become the Department’s umbrella term for a number of reform strategies including Team Decision Making, Structured Decision Making, Concurrent Planning and others. Since all of these reforms require closer connections between DCFS regional offices and community-based resources for families, DCFS administrators are working hard to enhance relationships with other County departments, cities, school districts, faith-based networks and civic groups to “connect the dots” among those who support and serve families in order to offer just-in-time help, referrals and supports to families.

As DCFS works to integrate many strands of reform into a more effective overall model of child welfare practice, community-based organizations throughout Los Angeles County are developing local networks that provide family-centered services in response to DCFS referrals, as well as

engaging a broad range of people in family support activities, relationship-based community organizing, and opportunities for economic success. Because DCFS offices are changing their internal practices in parallel with the emergence of these community-based networks, the evaluation team has focused on collecting qualitative and quantitative data on the interactions and synchronicity of PIDP and POE. During 2008, evaluators have reviewed documents and analyzed emerging networks, administered on-line surveys on organizational change, and conducted interviews and focus groups with DCFS staff. During the next six months, the evaluation team will also interview participating parents and staff from community-based organizations.

Although the PIDP partnerships are only about six months old—having been launched in the summer of 2008—there is a palpable sense of enthusiasm and excitement among participants. This mid-course report was designed to illustrate some of the changes that are underway from the perspectives of those who are most involved. It draws on information from a number of sources to describe a very complex set of reform efforts and prevention activities designed to address the unique needs and resources of the different regions of LA County.

Most of the “lessons learned” are drawn directly from the comments of over 150 people who attended a PIDP learning session on November 17, 2008. The design for the day included afternoon breakout groups where representatives from all the different SPAs were asked to discuss, compare and contrast their experiences to date in implementing new concepts around preventing child abuse and neglect. The full report that follows this executive summary is based on transcriptions of detailed group discussions guided by four key questions: (1) What are your early successes?; (2) What have you learned about the best ways of communicating child maltreatment prevention concepts to others that you are working with in your community?; (3) What have you learned about how DCFS offices can best partner with existing community-based networks?; and (4) What are the major challenges for the next 6 months for the initiative and how do you plan to address them?

While the full report notes comments made by participants in each of these four groupings separately, the following summarizes lessons that were discussed in at least two groups. The sidebars scattered through this report describe some of the activities and partnerships underway in different communities. Some of the specific examples were drawn from program documents, monitoring reports and interviews with DCFS staff.

## **Early Successes**

- 1. Including multiple levels of child maltreatment prevention and outreach is very important.** One of the early successes of the PIDP relates to the three different levels of



prevention that are now integrated in each region. Rather than limiting or labeling families as being eligible for certain kinds of services based on their relationship with DCFS, most PIDP participants believe that any family can benefit from “primary prevention” activities such as employment or job training opportunities, joining with their neighbors around community improvement, parent-child recreation or arts projects. Although each SPA-based partnership includes primary prevention activities, as well as secondary and tertiary prevention activities (referral services for families who are known to or have an open case with DCFS), the families aren’t categorized as being “eligible” for only one kind of help or support.

When some families come in contact with the program in one way, they start to feel empowered and then take on some leadership. For example, a family that came in as what we would call ‘tertiary’ is now leading or co-facilitating a group in primary prevention. That is a huge success. With outreach efforts and trying to get the community engaged, we had over 500 families (total at 2 events) across the SPA that came out to learn more about what it is that we are trying to do and to get more information.

Project Safe Participation, along with Friends of the Family and lot of other community agencies, took part in the Festival of Readers last week, which was a huge success and brought out over 1,000 people to participate in a real community building activity and to have a positive experience in promoting literacy and activities that were family centered. It was really a wonderful day.

In SPA 8 and SPA 7 we are working with specific populations. In the past we have worked in very small geographic areas, since partnering with our family support agencies we have been able to organize very specific populations. For example, people who are in recovery for substance abuse, people whose children have been taken by DCFS and are now part of the system, pregnant and parenting teens—very specific population groups. We are finding the same success we have seen with geographic community organizing with special populations. This is exciting because people have said in the past that certain people can’t be organized, don’t want to get involved and we are finding this is not true. We are having a lot of success with groups who are generally excluded from community life.

I am from Rio Hondo and we invited the residents (we house 26 families) to our meeting. We had 9 families come to our meeting. They looked at us like ‘what is your problem? You are supposed to tell us what to do.’ These are families that are currently in the system and as children they were in the system so it is really difficult for them to explore that relationship, to allow

them to think on their own without DCFS and Probation telling them what to do. It is really exciting and I hope we see great success.

**2. Effective strategies to improve the economic status of families are even more important now, and some PIDP agencies are learning how to help families improve their own finances.** Some of the community-based organizations (CBOs) that provide counseling, therapy or other service-oriented interventions are realizing that they haven't focused enough on family economic success. PIDP has given those agencies a chance to partner with others to learn more, and to develop their own internal capacity to help families with economic issues. In some places, neither DCFS or CBO staff were familiar with or ready to offer effective financial supports for families, so they are learning together.

We had our first graduation last week of about 45 students from a combination of our fiber optics, medical billing and business office communications. That was a success because they all finished. Most of our students are single parents—both men and women—and now we are placing them in jobs with other agencies like Time Warner, who we have established relationships with. Also, like \_\_\_\_\_ was speaking about, what emerged from that group was a men's support group because different issues came up as they met during the classes. They established relationships and partnerships and it took off on its own.

The new way is DCFS is not at your door telling you what you need to do. It is 'if you can help identify that you have a need, there is somebody else that you can go to.' Basically, you don't have to see a DCFS worker at your door. We know time and time again these unfounded referrals are going to keep coming in. If a family calls the hotline for services, they are identified as a referral, just because they called to get a resource of some kind and here we go, we have a referral at our office. But if they go through the ASK centers, there is everything there. Jobs, employment opportunities, training, legal services, counseling. You name it. There is a support group for everything and if there is not one, they have identified a need and they will start one. So everything you need is in a one stop shop.

**3. More services and supports are being offered where families live, so there are opportunities for families to get involved in neighborhood-based conversations, to get to know and support each other, and to spread the word about helpful services.**

We went to places where the people we wanted to reach would be. We went to the grocery store, to the Laundromat, [and] other providers. We told people that it was about preventing child abuse. That is something that is important to everyone in the community.

I think from our perspective (DCFS), .... one of the current school-based programs started from our being involved in a social network initiative that started out in Pacoima. It basically was a result of one of our supervisors having a relationship with a person and was being invited to come to a parent-focused, driven project. Parents had come to the school. There were having concerns. They had questions about parenting their children and being afraid of law enforcement, the system, of their own children, probation and gangs. By us going there and talking with them and listening to their issues, [it] gave us the idea to use the schools (which isn't foreign to us, we used the schools in the past).

**4. New partnerships are being formed and people are deepening their relationships.** Some SPA networks are doing new and exciting work with different populations, such as parents of incarcerated youth, pregnant and parenting teens, parents in substance abuse recovery programs. Many are using relationship-based community organizing strategies instead of or in addition to traditional service delivery approaches.

We are finding the same successes with these new populations as with the geographically-based community organizing. We are bucking the stereotype that certain groups cannot be organized. We went from existing relationships developed under Family Support partners to starting NACs [Neighborhood Action Councils]. There is a foster family agency as a partner and temporary housing with residents in recovery as a partner.

The thing that we are focusing on is to reconnect people to the fact that they are part of a community that is serving a family rather than individual agencies.

In our collaborative, one of the successes is the collaboration with our three agencies. .... we have divided down to our program group, those who

are actually doing the work and setting up meetings on a weekly basis as opposed to once a month or even every other week. I think that has created a relationship between us as the coordinators and being able to take that back to our families, our other staff and the other partners we are working with; making sure that everyone understands that it is starting with our three agencies but we are all part of a bigger network.

One of the things that is a positive is we've created our own relationships and we have now come together as a collaborative and we are now saying 'here's how we want to do work in the community in partnership with each other.' Certain Department staff.... have been incredible.... They have sat side by side with us through all this. They have said 'what makes sense for us may not make sense for you' but let's try and have this discussion together. Carrying that forward we have decided that one of the DCFS populations that is really important are relative caregivers. We are going to be creating a NAC with relative caregivers within a specific geography with the hopes of expanding that later on. I think those are important accomplishments for us.

**5. DCFS staff are seeing that community based organizations and groups can be full partners with shared goals, not just “contractors” who do or do not take “referrals.”**

What I use as a success is when we finish a team decision-making meeting all of us walk right out with the clients and start work immediately. There is no delay. Everything starts happening now.

One of our partners was there from Free Arts and the woman said 'Wow, you know everyone, every family, needs support like this. Maybe what we really need is a casa [home] for some of these families who are at risk. She is in the process of developing a non-profit that would do that. That would work with the faith-based families, draw them in and coordinate providing support to families who have lots of things that they have to get done and services that they need and they need someone to support them, advocate for them and coordinate. It was just really remarkable. Just one person with energy who was in the right place at the right time and a lot of people will wind up benefiting from that. So I think that one of the issues—all of us have these different networks—not only are we isolated, we keep the networks isolated. So we have a family preservation network but it is separate from our Westside Infant Family network. And now everybody is in the same place at the same time once a month and it is a network of networks that is making some progress.

I am also a Chaplin for the sheriff's department so I get to meet with the captain monthly and with a lot of new deputies. I like lights and sirens and it is a good excuse to get out of the office and into a squad car once in a while. There are so many open doors that I created, partly out of my own selfishness because I like being at the firehouse and in the squad cars, but I have found that it is a great platform to share thoughts about what we are doing. Most of the church folks and leadership, even our city leadership, never considered the notion of working directly with Children's Services. We all have the same desire to help people, to bring families to a point where they can be more self sufficient and independent from the system. When I bring all those folks together they agree it makes sense. When you meet a family's needs and get them back on their feet they'll listen to your spiritual message. I think it is good to have that platform.

## **Communicating Prevention Concepts**

### **1. Mutual respect and personal relationships are essential prerequisites for effective work.**

Sometimes social service staff think that they know "the community" well because they know the agencies and organizations that serve communities. But traditional strategies, such as attending meetings, don't necessarily lead to shared leadership or developing essential relationships. Personal relationships among staff members in different agencies, among community residents, and among community members and the professionals who seek to serve them are critically important building blocks in this prevention work.

We learned how to be on the same level with others and not steer but row. You equalize yourself. Now we reach out and check on those relationships. You build trust with relationships and when the community trusts you, they invite you in. We empower groups by allowing them to have a voice and make choices through the Neighborhood Action Councils (NACS). NACS are also becoming funded partners; we have subcontracted with them to do some prevention work. Many parents did not have the opportunity to make choices before.

I think one thing we absolutely shouldn't do when we talk about prevention is talk about it with the psycho-babble jargon stuff that we sometimes communicate. I think the most powerful way to talk about this initiative is 'who owns it?' We will be successful if in the end, residents own the initiative and we don't own it. As long as institutional folks own it, it is never going to be embedded into communities in the way it has to be embedded in order for it to sustain itself.

## **2. Having clear concepts about prevention is the first step toward effective communication.**

Assuring that members of the collaborative are clear about what they want to communicate—and able to talk about it in simple down-to-earth terms—is very important. It may take some time to work through this process, but it will be time well spent.

Participants spoke to the successes in operationalizing the theoretical construct of a strengths-based approach. This involves not saying “what do you need and what are your deficits?” but asking “what are your gifts, talents and assets? What do you have to contribute to the community?”

This new method of thinking about prevention and service delivery from a prevention viewpoint was a challenge. It took a few meetings. Every meeting we would have to reiterate or word it in a different way. Once we got it, it became easier to take it out to the community. First we needed to make sure our message was the same across the 4 family resource centers, 7 collaborations, 3 DCFS offices. So that is really key. You make sure your own collaborative has a clear understanding of how you are going to communicate it.

I'll give one example of how communication works and how it doesn't. We were in the process of putting together a faith-based event and we were working very closely with a priest of a large congregation and trying to figure out how to message this for a flyer or an invitation. Fortunately he had some experience with the [Torrance] office that developed a large faith based initiative. He said, “keep it simple, our kids are your kids” and that worked. It was beautiful and resulted in a very well attended faith based event. That is how it does work, when you get help in your messaging from the organization you are trying to seek help from. How it doesn't work is: DCFS, like any large organization has a number of people working on a variety of different things at the same time....

One of the things that I have been noticing with staff is that we talk about prevention as a concept and it is a little bit hard to grasp as a concept. I have been talking to my supervisors about the prevention initiative and the concept of prevention and there weren't any light bulbs going off. One day, one of the supervisors brought a case to talk about because we wanted to get it referred to Friends of the Family. We started talking about prevention connected with that specific situation and they got it. They understood prevention, and started looking at it as a concept and how it can impact families.

**3. Being strengths-oriented requires a shift in thinking.** This paradigm shift will not happen overnight because so much of the training and orientation for social services leads people to be more comfortable thinking about problems and problem-solving. A orientation that focuses on strengths, while realistically assessing problems or needs, does change the way that professionals talk to each other, and the way they deal with families. Although difficult for some who are deeply immersed in the “service delivery” orientation, this shift is essential for prevention.

You don't really say prevention; you actually just talk about how life is going. One thing that has been added to our prevention language is protective factors such as the resiliency of a family. For example, ‘Wow, your family just came through a tough time. How did you do that?’ Show them the strengths they have that they may not think they have. Also, there is no family that says, ‘I don't want my kids to be successful.’ So we can discuss factors that make kids successful and talk about how we can make that happen in their family, in their community....

I really like the community aspect. Getting the community involved and not making it an individual problem or a family problem, but really getting folks who aren't involved with DCFS or who may not even have children, but make this a vested interest of theirs.

We have taken this same concept into other communities in Pacoima and North Hills. There are a lot of gangs in North Hills. We are tying the initiatives together so we are able to leverage all of our resources to connect the families to what it is that they need and want. The thing that makes me so excited is that we are able to look at families for the first time, in a way that allows us to focus on their gifts and talents. We have a pot of money that allows us to do that. Every one of us in our individual departments in the community-based organizations has to seek out money based upon the deficits of the family. So this is the first time I can remember that we are able to take this money and shine the light on their assets—and use families, use the residents, and use the youth for what they have to bring to the table. Gang involved families have assets and gifts. If we can figure out how to harness them and bring them to the table to reclaim communities in a different way, other than the way that is being done, we will have done something. We are not going to get a whole bunch of money coming down the pipe to do that kind of work very often.

## **Partnerships Between DCFS and Community-based Networks**

- 1. Broadening definitions and rethinking assumptions is key.** Focusing on prevention requires people to rethink their own assumptions and vocabulary, and it opens up a shared space for communication between County agencies, community based organizations, schools, community residents and others.

Many of our agencies and the work we do is more intervention and not prevention. I think DCFS historically has been that, as well as Children's Bureau. To look at it in a preventative view has been exciting and really that is limitless....

We have a program called Alive and Free based on a program by Dr. Joe Marshall in San Francisco. The city of San Francisco has just adopted this program throughout the city. In a nutshell, what he is promoting is how kids become infected almost like a disease. We started meeting with kids one evening a week and we started talking about how do you become infected? When your father beats up your mother, when your friend says 'Hey, I need some money, let's go into that liquor store, I'll go in, you just drive the car.

- 2. More DCFS office leaders and staff are realizing that they need community residents and community-based agencies as core partners in keeping children safe.** The PIDP has helped to accelerate culture change inside many of the DCFS offices. DCFS staff members are thinking in terms of community more frequently rather than just focusing on individual families as they reach out to better understand the neighborhoods they serve, and as they develop new intervention strategies. Staff are stepping out, looking at the neighborhood, meeting their neighbors and thinking about what they have in common. The same thing is happening in many community-based organizations.

I think at DCFS we learned to take a humbling approach because as an agency we are not very well-liked out in the community. But agencies and the community didn't trust us and maybe it was all in our approach as we thought we had the answer to everything. When we stepped back and said, "help us to do a better job, tell us what we are not doing right, and tell us how we can do it better," I think that is when the doors opened up in the community. They accepted us as someone who truly was able to listen to what they had to say and that the community knew better than we did. [We acknowledge] all these years of coming into the community but not being part of the community.



As part of the process through our SPA Council, this rose to the surface as a big issue across our entire community. Our gang activity shot up 41 or 42% at the beginning of last year. We were able to take our DCFS family support funds to be able to work with families who had children in juvenile hall up in Sylmar to do parenting [classes] because they determined that parenting was a big problem. The way we usually do things is to engage the families first and then they tell us what it is that they need and want. So these turned out to be families from across the entire SPA area because kids are sent to Sylmar from everywhere. From that group came a solid group of parent leaders who came out to the SPA Council and said 'these are the things going on with families.' They brought their gifts and their assets to the table to help us focus our work. At the end of the day, these same parents are still active and a group of youth is active as well.

The thing that we are focusing on is to reconnect people to the fact that they are part of a community that is serving a family rather than individual agencies. We have activities at the monthly meetings that try to break people out of thinking about services but reorienting. Let's first experience the way the family experiences it. We use vignettes and stories. Not by beginning to ask people to do anything different but by seeing themselves as only one piece of what the family is involved in. When people start reorienting around that we start to see some change.

**3. School-based strategies are very important as they help connect DCFS and its partners with families before problems become acute.** Many DCFS offices have had difficulty implementing effective school-based services, but others have been quite successful.

I think the Department has done a fabulous job in the last, specifically, five years to be able to support that. I think that is when I realized the benefit of us just being out in the schools—which is a safe zone for people, it doesn't have the same stigma as our office or other county offices—hearing and making connections with community partners and school personnel who see children on a regular basis.

One of the things I found effective is when the social worker goes out to the school on Wednesday nights. The parents are there and they are talking about the needs of their children and what they need to help their children and from [trouble and] referrals. Whatever the parent may need, they communicate it to the school. The school sends me a referral and I connect them.... So that

is a big help right there for a family and making them feel comfortable. They never come to our attention as a hotline referral. They are in their community talking to their school saying “this is what I need to help my children to succeed. I need this, my child needs this.”

I am with Avalon Carver and we are collaborating with Shields for Families and we too had our open house in October and as a result of that we got a lot of community people that came in and realized we have a great deal of resources for them. They are now receiving it. .... through our collaboration with East LA College .... [we] located our site in a school certificated program for EMT and EDA. They will receive a certificate and a job at the end .... Shields for Families will .... be providing the transportation to there so they can complete their program.

- 4. Changing relationships among established players is challenging, but shared goals help people realize that together they can create more resources for families.** Some PIDP collaboratives are working on changing roles, while others are focusing on helping everyone understand why DCFS and other County departments work the way they do, or challenging misconceptions that have built up over time. Many community-based organizations are also meeting new partners and learning what each has to offer to local families.

From the Metro North [DCFS office] perspective, we are not the one that always takes the lead. Instead, our lead agency takes the lead, plans the meetings in their facility. So the working relationship is definitely our first success.

Someone recently mentioned something I really had to think about and it was that some of us do the same things, but we do it differently enough that we complement each other. That made me think differently about all the agencies we partner with and that we cooperate with, because we don't need to reinvent the wheel. But if somebody is doing it differently enough that it compliments what we are doing, then don't mess with it, let it be. I thought that was a good lesson.

There is definitely an understanding (at that basic level) that this is a challenge we share.... You have this vastly growing population, a relatively thin resource base of traditional community based agencies and so you see this clash in action. How do you maximize the potential of what is there, and how do you grow it quickly to keep up with the changes in population?

## Major Challenges for the Next Six Months

### 1. Expand the involvement and employment of parents and community residents.

Collaboratives in a number of the SPAs are adding community organizing strategies to their current roster of services because they have seen the results in SPA 8. Others have developed self-help or mutual support strategies. Some parents who have been through the DCFS system themselves would love to support other DCFS families as they work through the child protective services process.

For SPA 7 the 3 lead agencies—ourselves, Alma Family Services and HSA we are going to be creating partnerships with residents in 12 NACs [Neighborhood Action Councils]. We are working with organizations that historically have not been part of a funding stream from DCFS. For example, Rio Hondo temporary homes, which works with homeless individuals and families. MAOF and Old Timers, the South Gate Domestic Violence Collaborative.... We are working with groups that are institutions in the community but have been doing work in a different way. They are now partnering through this initiative. We have actually called ourselves the SPA 7 Partnership for Change.

It is a group of some moms and some seniors who go and ask for food at a church food pantry. We asked them: “how long do you sit around here?” One lady shared .... “I don’t really come for the food; I come to talk to other people because my stress level is really high. My kids don’t like me to come and ask for the food but I like to sit and watch the people.” So just me coming in, I know for a fact that people are hungry for those relationships and it makes me feel really good. She was the first one to say. “I’ll be at your meeting next week.”

My part on this PIDP is really engaging the males and it has always been a challenge. For the 4 years I have been doing it, it has always been a challenge to get guys to come together. One of the things that I have found that works for me is we are fortunate enough that I can encourage to them to bring their kids. So we have kids that come to those meetings with their guys, they are with their role models. They range from newborns to teenagers. But my biggest promotion is if I can make it interactive enough and those kids can notice that spending time with their Dad is fun and they love it, they become my commercial. So, now it’s Wednesday and Dad is home and they are saying, ‘Are we going? Are we going to MENFOLK? We have a meeting tonight, it’s on the calendar.

**2. Continue to develop relationships, build on resources that are already in place, and enhance existing infrastructure and capacity.** The eight SPA-based prevention collaboratives have grown to include over 60 organizations and agencies, many of which did not have previous relationships with DCFS. Some of these groups have little bureaucratic infrastructure, but they represent important resources for families. Others have long-standing relationships with County departments that can be leveraged and enhanced on behalf of the entire network. DCFS and other County administrators need to think about more flexible approaches for supporting a wide range of groups with different needs and capacities. At the same time, early successes are encouraging other partners who are stepping up and want to be included.

I think part of my struggle is (and I don't know if this is true for everybody else) that we have the funding but the checks are slow in coming. We have 4 checks in the mail right now and that's huge for us. I'm being very positive about it, and when it comes it is money we have spent and billed for, but that process is slow on the county side and luckily we have Friends of the Family and they are going to bat for us because they are in the same boat. That is part of the disassembly of the mistrust. We are really invested in this and we really want to make it work.

I'm \_\_\_\_\_, LA County Head Start state preschool. I have reserved my comment for now because I am a resource in the community. We began talking to DCFS about being not a lead agency or a collaborative agency, but a viable resource to all of you. I looked at the list [of attendees] and I heard about schools but I didn't hear anything about Head Start. So there must be some challenges or something because we didn't make the list. I am just putting that out there. We want to work, we cover all the SPAs and we are in almost all the areas. The resource is there and we want to be in the forefront of your mind when you are working with these families because we know there is a need out there for Head Start services.

**3. DCFS and PIDP network agencies need to begin thinking about and planning for sustainability now.** This is a 12-month initiative and much is expected, but it will be difficult to sustain the effort without some additional resources.

In SPA 4, for example, a collaborative of 3 agencies got married about 5 months ago to make this work. We are truly just rolling things out and we are concerned that 6 months [from now] is really going to be our peak, not when we are done. So I'm thinking now, how is sustainability going to work?

How we will capture and convey the correct picture in just 6 months is a daunting task. But I know that [we] are committed and we are really feeling our relationship with DCFS getting stronger every time we meet. So I can't imagine it is going to stop in 6 months.

Unfortunately, I don't know if it can be done, but I would hope that statistics are somehow being generated to show what is happening. There is almost not enough time to do that. The mere fact that a meeting like this is taking place, the mere fact that agencies are talking to each other, having that translated so that it does continue. I have to touch on finances. Finances obviously are a major challenge for each of us. One of the things that has sustained us all these years has been the number of volunteers that have stepped forward. That is all well and good, but it also is perhaps not real realistic. It means that people draw from within. I don't know if that is a challenge or a necessity of what has to come.

The big issue around sustainability is that it takes a while to get up and running.... We have staff people who are doing this. We are going to have to find something else for them to do. It can't just end. Everything we are doing, we are constantly thinking about how can we make this last after there is no funding. But, it is like ending therapy. There is an exit strategy that basically has to start by January 1st and the winding down right after you have just ramped up is difficult.

**4. Consider using some of the savings from the POE/Title IV-E Waiver reforms to continue some of the most powerful community-based PIDP activities and local initiatives.**

PIDP/POE initiative leaders and CBO staff are worried that there won't be enough time to develop and cement relationships, implement and fine-tune new activities, and demonstrate the results of their efforts. The financial flexibility offered through the IV-E waiver could offer an immediate opportunity to continue these promising efforts long enough to demonstrate concrete results.

I just have concerns that we have worked in Pomona for five years to get volunteers that will come to the meetings. We only have four [now] and one dropped off because she needed to be paid. If we can't keep up the funding we can't get cultural brokers there. People have to earn a living [especially considering] the way the economy is now. It kind of scares me to do such good work and be working so hard and think of the possibility that there won't be funding to go on after June.

There has been investment in case management and neighborhood-based organizing. Neighborhood based organizing is less expensive. Sustainability should focus on reallocating existing money from case management to relationship-based organizing because relationship-based organizing may be every bit as effective as case management.

# Prevention Initiative Demonstration Project (PIDP) **Year Two Evaluation Report: Executive Summary**

**Revised:** November 3, 2010. Compiled by Jacquelyn McCroskey, Todd Franke, Christina (Tina) A. Christie, Peter J. Pecora, Jaymie Lorthridge, Dreolin Fleischer, and Erica Rosenthal.



By the end of Year Two, it has become apparent that the foundational infrastructure and relationship building work done in Year One is paying off.

## EXECUTIVE SUMMARY

As described in the Year One evaluation report, Los Angeles County's Prevention Initiative Demonstration Project (PIDP) was designed to address the full spectrum of child abuse prevention including primary prevention approaches directed to the whole community as well as secondary and tertiary approaches directed to families already referred to or engaged with the Department of Children and Family Services (DCFS). PIDP networks were asked to devote about 50 percent of their resources to primary prevention, supporting and engaging families and strengthening social networks so that child abuse/neglect would not occur. They were asked to devote about 30 percent of their resources to secondary prevention, involving parents with unfounded and inconclusive referrals as decision-makers in promoting their children's development, learning, and well-being, and addressing potential risk factors so that re-referrals were reduced. And the networks should devote about 20 percent of PIDP resources to strengthening the capacity of parents with open DCFS cases to care for and protect their children.

Although PIDP is not the only prevention and early intervention initiative underway in LA, it is particularly significant for three reasons:

1. Through a request for qualifications (RFQ) process, PIDP was designed to build on existing community capacity developed over the last decade or more. Related efforts that have enabled capacity building include DCFS-funded Family Support and Family Preservation networks; DCFS contracts for services and funding from Preserving Safe and Stable Families – Child Abuse Prevention Intervention Treatment (PSSF-CAPIT); contract processes run by other County departments; First 5 LA's Partnerships for Families (PFF), School Readiness, Family Literacy, and other networks; City of LA Family Source Centers, Gang Reduction and Youth Development Zones; and philanthropic investments in related efforts.
2. PIDP was designed to fill gaps in local family support and service delivery systems by highlighting social connections and economic opportunities for families, and encouraging partnerships with existing services to increase access to community services and resources.
3. PIDP was designed to build relationships between leaders of DCFS regional offices and leaders of community-based networks serving families and children by encouraging joint planning to fill local gaps in services, joint problem-solving, and ongoing communication.

Thus, while PIDP, to date, represents a relatively modest investment of \$10 million over two years, the implications for partnerships with community-based services, efforts to provide different paths for at-risk families when there are not immediate safety concerns about children, and partnerships with other funders who share the goal of preventing child maltreatment go well beyond PIDP alone. Part of the funding was from the Title IV-E Waiver (\$3.76 million); PIDP was designed as a demonstration project to make strategic use of those funds.

Since spring of 2008, each of the eight PIDP networks has worked to prevent child maltreatment by decreasing social isolation, decreasing poverty, strengthening families and increasing family protective factors, increasing access to services and supports, and building durable community-based collaboratives to support families. Each of the eight PIDP networks has implemented three integrated core strategies: building social networks through community organizing; increasing economic opportunities and development; increasing access to and use of beneficial services, activities, resources, and support.

By the end of Year Two, it has become apparent that the foundational infrastructure and relationship building work done in Year One is paying off. The Year Two evaluation found that PIDP networks are making a continued difference for families. Parents report significant initial gains in family support,



connections to the community, and less parenting stress in a wide range of areas after six months of participating in various family action groups or neighborhood action councils. Those gains are powerful, meaningful to families, and maintained over time. Analysis of CWS/CMS data on families in five specific communities who were already known to DCFS revealed that PIDP activities were helping children and families to find safety and stability. Findings show that engaging families with unfounded or inconclusive Emergency Response referrals in supportive services has decreased re-referrals in some areas, and that PIDP activities are helping speed the timeline to permanency for children in out-of-home care.

## KEY FINDINGS FROM THE YEAR TWO EVALUATION

### Network Development

- During 2009-10, the second year of the initiative, the eight PIDP networks served 17,965 people. Thirteen percent or 2,391 were individuals involved with DCFS – either during the referral stage or after a child abuse case had been opened. The other 87 percent lived in poor communities targeted by DCFS regional offices as posing enhanced risks for children and families.
- Networks demonstrated creativity in blending funding from multiple sources. Existing program infrastructure and cross-agency collaboration facilitated identification of additional resources for individual families, including participation of faith-based and community groups, businesses, and other partners. Consequently, many networks included members funded through other means along with PIDP-funded members; thus relatively modest amounts of DCFS funding supported networks that leveraged additional resources and developed formal relationships with partners who contributed services and resources for needy families.
- Integration of the three core strategies (networking, economic opportunity, and access) appeared to produce the most positive outcomes for families. Some notable approaches that blended these strategies include Neighborhood Action Councils and Ask Seek Knock (ASK) Centers. Two other notable strategies highlighted in the first-year evaluation report were the faith-based family visitation centers established to serve Service Planning Area (SPA) 8, and the combination of cultural broker and parent advocate approaches into a case management team approach in SPA 3. By the end of Year Two, almost all of the PIDP networks had been instrumental in planning and developing faith-based family visitation centers.

### Protective Factors

- Data collected from surveys and focus groups in all eight SPAs highlighted the benefits that parents and youth felt they had received from PIDP. Benefits cited by parents included greater involvement in their community, more desire to engage in community activities, and feeling less lonely or isolated. More specifically, there was a significant improvement across three points in time for five factors and a “quality of life” item. Significant changes were found for three additional factors between two time points. The effect sizes, while statistically significant, were in the “small” range for all of the functioning areas.
- Data collected from participants in Neighborhood Action Councils (NACs) (including those not funded by PIDP funds) demonstrate similar results around the impact of the NAC strategy on a much larger group of primary prevention participants.
- Patterns in responses to a parent survey suggest that, in general, the reported impact of this prevention strategy on protective factors is most evident during the first 4-6 months of participation, and then stabilizes. Given the nature of the relationship-based model that serves as the framework for the NACs, it would be expected that as the NAC forms, and as the groups become cohesive and participants develop

relationships with each other, perceived improvements in the protective factors measured would be evident. Similarly, it would be expected that once the group attains a moderate to high level of cohesion, which is likely to occur within the first 4-6 months of group formation, changes in perceived levels of support as a result of group participation would stabilize.

- This pattern of findings is particularly important because such protective factors have been linked to long-term strengthening of families (Center for the Study of Social Policy, 2009) and significant reductions in substantiated reports of child maltreatment (Reynolds & Robertson, 2003).

## **Economic Empowerment**

- The family economic empowerment strategy produced some positive results in terms of employment training, placement, and income supplements across SPAs. For example, families had access to training in financial literacy, budgeting, banking, and credit management. Some had access to personal coaching on achieving educational goals, employment preparation, and developing small businesses.
- Pro bono legal assistance was shown to help parents in navigating the court system, expunging criminal records, establishing eligibility for reduction in convictions and/or certification of rehabilitation, all of which increase employability.
- Between 2008-10, the SPA 6 Ask, Seek, Knock (ASK) Centers trained and placed nearly 300 local residents in the workforce, and provided pro bono legal services to over 1,000 residents.
- PIDP networks in SPAs 2, 4, 7, and 8 joined forces, with the leadership of the South Bay Center for Counseling and the SPA 8 Children's Council, in creating the Greater LA Economic Alliance (GLAEA). GLAEA provided free income tax preparation for individuals with a maximum gross annual income of \$50,000, free workshops on earned income tax credits and childcare tax credits, small business tax preparation, Individual Taxpayer Identification Number application preparation, and banking services. Others approached the issue of expanding access to tax benefits by working through Volunteer Income Tax Assistance (VITA) sites. Highlights:
  - There were VITA sites in all eight SPAs and the individuals who attended came from approximately 207 LA County zip code areas; 4315 individuals participated in the 2010 program.
  - The majority of people who took advantage of the service were Latino/Hispanic or African-American and over 55 percent reported earning less than \$20,000 annually. Almost 77 percent of the respondents indicated that they were getting a refund.
  - Over \$4.4 million in tax credits were received. (The refunds filed for totaled \$4,411,599, with an average refund of \$1,062.) Based on the data from the survey, this will primarily go to pay existing bills.

## **Agency Information Systems (CWS/CMS Findings)**

- **Supervisory District 1 (SPA 3), Pomona and El Monte.** Findings from these offices suggest that the PIDP Case Management model designed to address disproportionality in SPA 3 has helped to shorten the timeline to permanency for children with open Family Maintenance (FM, N=43) and open Family Reunification (FR, N=67) cases. PIDP FR children were more likely to leave foster care during the study period and more likely to experience positive "permanency exits" (reunification, adoption, legal guardianship), and FM children were more likely to have closed cases compared with those in randomly selected comparison groups.

Children with open FR cases served by PIDP were more likely to leave foster care (81% vs. 58%) and more likely to achieve legal permanency through positive "permanency exits" (reunification, adoption, guardianship) than children with open cases selected randomly for the comparison group (67% vs. 54%). PIDP children with open FM cases were also somewhat more likely to have their FM cases closed (91%) versus the comparison group (80%). The 121 parents referred by PIDP who participated in social network groups run by Parents Anonymous also reported that they had substantial pre/post decreases in all of the family stressors assessed including use of alcohol and drugs, family problems, housing problems, and mental health problems.

- **Supervisory District 2 (SPA 6), Compton.** Since "re-referrals to DCFS after receiving PIDP services" was a variable of particular interest for all "secondary" referrals from Emergency Response (ER) staff, analysis focused on subsequent re-referrals during the program period (between June 2008 and July 2010). Emergency Response families (N=130) who accessed the ASK Centers in Compton were significantly less likely to be re-referred to DCFS; about 12 percent had re-referrals compared with 23 percent of the randomly selected comparison group. The PIDP group had a significant advantage over the comparison group for both subcategories of families (new referrals to DCFS and re-referrals on existing open cases). It should be noted that the Compton office experienced re-referrals on 31 percent of families referred to ER during this same period, a rate that was even higher than the experience of the comparison group. In addition, the group of 31 children in foster care whose families took advantage of ASK Centers were more likely to have planned positive "permanency exits" from foster care compared to children with open cases in the comparison group (100% vs. 83%).
- **Supervisory District 3 (SPA 2), San Fernando, West San Fernando, and Santa Clarita.** Analysis of CWS/CMS data on 38 of the ER families served by the SPA 2 PIDP Network during Year Two showed that families receiving PIDP services had similar chances of being re-referred to DCFS as compared with the comparison group (32% of PIDP families versus 27% of the comparison group).

Although the numbers were small, data from San Fernando Valley also suggest that subsequent re-referrals for the highest-need PIDP families were more likely to be substantiated. Perhaps DCFS caseworkers who had additional information on cases by working closely with their PIDP partners were more likely to trust in the information received, or PIDP services helped to identify those with the most challenging problems requiring re-referral. (These suggestions were supported during a focus group with regional administrators and managers in the three offices who reported that CSWs trust the ability of the lead agency to help even the most troubled families find appropriate services.)

- **Supervisory District 4 (SPA 8), South County and Torrance.** Findings from the SPA 8 faith-based family visitation centers also showed better results in helping children find permanency. The 79 children with open FR cases who had access to the family visitation centers were more likely to leave foster care and more likely to exit through a positive "permanency exit" than were members of the randomly selected comparison group. Seventy-one percent of the PIDP sample left foster care during the study period versus 55 percent of the comparison group, and 69 percent of the PIDP children experienced "permanency exits" compared with 50 percent of the comparison group.
- **Supervisory District 5 (SPA 1), Lancaster.** Analysis of CWS/CMS data on 40 families served by the SPA 1 PIDP Network compared with a sample of the comparison group families suggests that families receiving PIDP services were less likely to be re-referred to

Over \$4.4 million in tax credits were received. (The refunds filed for totaled \$4,411,599, with an average refund of \$1,062.)

DCFS. Only 23 percent (N=9) of families who had received PIDP services were re-referred to DCFS during the study period versus 31 percent (N=22) of the comparison group families. Although the numbers were very small, subsequent re-referrals for PIDP families were also more likely to be substantiated. It may be that caseworkers had more information from their PIDP partners or more challenging problems were identified through re-referral.

Families served by PIDP were somewhat less likely to have substantiated allegations of abuse and neglect (63% vs. 73%) on the initial referral, suggesting that they may have been somewhat less "troubled" than the comparison group. This supports the program goal of supplying concrete supports that could help low-income families avoid further engagement with DCFS, and suggests that CSWs were referring families who were appropriate for the prevention approach used in SPA 1.

## Recommendations

Based on these findings, the evaluation team recommends the following:

1. Continue support for programs that strengthen families and use contracting methods that include the three integrated/braided strategies implemented by the PIDP networks: (a) building social networks by using community organizing approaches; (b) increasing economic opportunities and development; and (c) increasing access to and utilization of beneficial services, activities, and resources. The new family support contract redesign process offers an opportunity to put into place some of the best PIDP strategies, such as family councils of varying kinds, neighborhood-based family centers with training and employment programs, tax assistance, parent aides who act as navigators and cultural brokers, and faith-based family visitation centers.
2. The County should encourage cross-departmental efforts to share funding and support for prevention. Begin by focusing on departments most often reported by the PIDP networks as already involved in PIDP activities: DPSS, DPH, DMH, Probation, and Child Support.
3. Working with the best practices already developed in some regional offices, DCFS should develop consistent protocols to help regional offices assure that the families referred are those most likely to benefit from these strategies. This would include targeting and mapping high-need communities, and assuring that local strategies are widely understood among front-line staff. In some areas with small numbers of referrals to PIDP, DCFS should also task its regional offices to assure a consistent flow of ER referrals with unfounded or inconclusive allegations.
4. With increased expectations from government leaders for rigorous outcome and cost data, DCFS and its partners will need to consider adopting more rigorous evaluation designs as part of early planning for any subsequent demonstration efforts. This should include designating a sample of comparison group families to better measure outcomes.
5. Re-administer the protective and risk factors survey in the fall of 2010 to determine how much PIDP families are able to maintain the initial gains they made.

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### For more information about this evaluation report, please contact:

#### **Dr. Peter J. Pecora**

Managing Director of  
Research Services  
Casey Family Programs and  
Professor, School of Social Work  
University of Washington  
ppecora@casey.org  
(206) 270-4936

#### **Dr. Jacquelyn McCroskey**

John Milner Professor of  
Child Welfare  
School of Social Work  
University of Southern California  
Montgomery Ross Fisher Building  
Los Angeles, CA 90089-0411  
mccroske@usc.edu  
(213) 740-2004

### For more information about the LA Prevention Initiative and Demonstration Project, please contact:

#### **Marilynne Garrison**

LA County Department of Children  
and Family Services  
3530 Wilshire Blvd., 5th Floor  
Los Angeles, CA 90020  
GARRMA@dcfs.lacounty.gov

### Report Authors and Organizational Affiliations

#### **Dr. Jacquelyn McCroskey**

John Milner Professor of Child Welfare  
School of Social Work  
University of Southern California

#### **Dr. Todd Franke**

Associate Professor  
Department of Social Welfare  
University of California at Los Angeles

#### **Dr. Christina (Tina) A. Christie**

Associate Professor  
Social Research Methods Division  
Graduate School of Education &  
Information Studies  
University of California at Los Angeles

#### **Dr. Peter J. Pecora**

Managing Director of  
Research Services  
Casey Family Programs and  
Professor, School of Social Work  
University of Washington

#### **Jaymie Lorthridge**

Doctoral candidate  
School of Social Work  
University of Southern California

#### **Dreolin Fleischer**

Doctoral student  
Claremont Graduate University

#### **Erica Rosenthal**

Doctoral student and research assistant  
Claremont Graduate University

### Organizational Collaborators

Los Angeles County Department of Children and Family Services, Casey Family Programs, University of California at Los Angeles, University of Southern California,

### SPA Prevention Initiative Demonstration Project Networks

SPA 1 Antelope Valley, SPA 2 San Fernando Valley, SPA 3 San Gabriel Valley, SPA 4 Metro, SPA 5 West, SPA 6 South, SPA 7 East, SPA 8 South Bay



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[contactus@casey.org](mailto:contactus@casey.org)

# Point of Engagement: Reducing Disproportionality and Improving Child and Family Outcomes

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*Eric J. Marts, Eun-Kyoung Othelia Lee, Ruth McRoy,  
and Jacquelyn McCroskey*

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This paper describes an innovative service delivery model to reduce the number of children entering the child welfare system. Point of Engagement (POE) is a collaborative family- and community-centered approach initiated in Compton, a regional office in Los Angeles County that serves south Los Angeles, a predominantly African American and Hispanic/Latino area. Over the past two years, the POE has been implemented in the Compton area by providing more thorough investigations, engaging families, and delivering needed services to children and families within their homes and communities. POE has demonstrated a reduction in the number of children removed from their families, an increase in the number of children returned to their families within one year, and an increase in the number of children finding legal permanency.

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*Eric J. Marts MPA is Deputy Director, Department of Children and Family Services, Los Angeles, California. Eun-Kyoung Othelia Lee PhD is Assistant Professor, Boston College Graduate School of Social Work, Chestnut Hill, Massachusetts. Ruth McRoy PhD is Research Professor, The University of Texas at Austin, Austin, Texas. Jacquelyn McCroskey DSW is John Milner Professor of Child Welfare, University of Southern California School of Social Work, Los Angeles, California.*

Although a pressing issue for many years, there is currently a growing national attention to the disproportionate number of children of color in the nation's child welfare system. While there is no difference between races in the likelihood that a parent will abuse or neglect a child, recent empirical findings demonstrate that children of color enter the system at disproportionately high rates, compared to Caucasian children (Annie E. Casey Foundation, 2003; Hill, 2006; U.S. Government Accountability Office [USGAO], 2007). *Disproportionality* refers to a situation in which a particular racial/ethnic group of children is represented in foster care at a higher percentage than other racial/ethnic groups are. In 2005 African American children composed only 15% of the U.S. child population, yet 32% of the 513,000 children in the child welfare population were African American (Administration for Children and Families, U.S. Department of Health and Human Services, 2005).

In addition to disproportionate representation in the foster care system, African American children and families often receive disparate or unequal treatment (have less access to services) when compared to other racial groups (McRoy, 2004; USGAO, 2007). Furthermore, African American children experience differences in the quality of services, fewer contacts by caseworkers, and less access to drug treatment services, mental health services, and family preservation services (Courtney, Barth, Berrick, Brooks, Needell, & Park, 1996; Denby, Curtis, & Alford, 1998; Garland, Hough, Landsverk, McCabe, Yeh, Ganger, & Reynolds, 2000). For those who are not adopted or reunified, many remain in the system while experiencing multiple moves and often emotional, mental, educational, and behavioral problems (Hill, 2006; USGAO, 2007). Once youths "age out" of the system by becoming legal adults, many have difficult transitions and are more vulnerable to homelessness, substance abuse, and involvement in the criminal justice system. This paper describes an innovative service delivery model that is reduc-

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*Address reprint requests to Ruth McRoy, 200 P Street, #B23, Sacramento, CA 95814.*



ing the number of children entering the child welfare system as an effort to address this disproportionality.

***Racial Disproportionality Within the Child Welfare System in Southern California***

Although only 7.3% of the California child population is African American, 13.9% of the 491,202 referrals and 31.1% of the 81,603 children in care are African American (Needell, 2006). African American children are referred for maltreatment more than any other group. Despite the disparate referral rate, there are no racial differences in substantiation rates. Even after controlling for reasons for maltreatment, neighborhood poverty, and age of child, Needell, Brookhart, and Lee (2003) found that African American children in California were more likely than white children were to be placed in foster care. Also African American families and children are least likely to receive family maintenance services, are least likely to be reunified with their families, and stay in care longer compared to children in other groups (USGAO, 2007). In this state, the greatest disproportionality occurs among African American children in care between the ages of 11 and 15 as they have entered at young ages and have remained in care for extended periods (USGAO, 2007).

According to the Los Angeles County Children's Planning Council (CPC) in 2004, 9.8% of the county's youth were African American, yet they accounted for 20.7% of referrals to the Department of Children and Family Services (DCFS) emergency response services, and 22.7% of substantiated child abuse and neglect referrals. Almost 60% of youth were Latino, yet they accounted for a slightly lower percentage of referrals to emergency response (54.3%) and substantiated child abuse and neglect referrals (54.6%; Los Angeles County CPC, 2006). Based on previous analyses, the CPC has also shown that African American and American Indian children are most likely to face disproportionate risks of being placed in foster care. CPC analyses have also raised questions about disproportionate attention to some subgroups among the county's growing Asian Pacific Islander population (10.4% in 2004),

including Hmong, Cambodian, and Vietnamese families (Los Angeles County CPC, 2006).

Los Angeles, the largest county in the state by far, is home to about 10 million people who live in 88 cities and many unincorporated areas. Population size, diversity, and the sheer geographic spread of the county create many challenges for public services, not the least of which is coordination among jurisdictions when county government provides basic health and social services, yet cities, school districts, and nonprofit agencies also provide many essential community-based services. In 1993, the county adopted a recommendation of the CPC to create eight geographically based Service Planning Areas (SPAs) to better support regional planning, information sharing, and local coordination. At the same time, the CPC created a network of eight SPA councils and the American Indian Children's Council to develop community engagement and capacity building strategies and to help coordinate cross-jurisdictional planning. The 19 DCFS offices that serve families throughout the county are aligned with SPA boundaries and DCFS staff is beginning to work closely with the SPA and American Indian Children's Councils to plan for and coordinate services.

SPA 6, or the south region, includes a large portion of South Central Los Angeles, Watts, Lynwood, Paramount, and the city of Compton. In SPA 6, there are a total of 361,236 children, accounting for 13% of all children in Los Angeles County (Los Angeles County CPC, 2006). Seventy percent are Latino and 27% are African American, which represents the largest African American child population of any SPA in the county. Additionally, 73% of Latino children and 68% of African American children in SPA 6 live in poverty. According to Becerra and Brooks (2004) in 2002 to 2003, 5,811 children in SPA 6 were in out-of-home placements, and of this number 77% (4,478) were African American and 18.5% were Latino. By 2007, DCFS and community efforts to improve safety and reduce out of home placement were showing results in all regions of the county, but SPA 6 continued to account for the largest number of children in out-of-home care. Almost 23% ( $n = 4664$ ) of

the DCFS total of 20,302 children in out-of-home care as of June 30, 2007, lived in SPA 6. This article provides an overview of a project located in the Compton office, one of four DCFS regional offices serving SPA 6, which is beginning to address these disproportionately high numbers of African American children who are involved with DCFS.

### *Background and Development of Point of Engagement*

The Los Angeles County Department of Children and Family Services has had more than its share of difficulties since 1984 when it was established as a separate county department. Not only is it one of the largest child welfare jurisdictions in the nation serving a very large, sprawling, multicultural, urban area, but it works within a complex state-led, county-operated context as one of almost 40 county government departments reporting to a five-member elected Board of Supervisors. Through many leadership changes, DCFS has tried to work collaboratively with the many other county departments and not-for-profit agencies that provide essential services for families and their children. In addition, county government departments struggle to negotiate the complex array of services offered by 88 cities and 81 school districts that also serve the county's 10 million residents. This maze of jurisdictions, institutions, and services means that the "safety net" for families and children is highly developed in some places and very thin to nonexistent in others, leading to recurrent crises and calls for reform.

In response to yet another series of crises, in 1999, the independent firm PricewaterhouseCoopers was commissioned by the county Board of Supervisors to evaluate DCFS operations and make recommendations for improving the whole network of services. The audit report revealed a fragmented emergency response system resulting from a lack of teamwork between DCFS child abuse investigators and other social workers who provide services to families. This gap in services further disadvantaged vulnerable children and their families, where there was no point person to work with the entire family in reducing the risk of removal. DCFS

was taking far too long to facilitate permanency for these children with adoptive families and legal guardianship services. The system that was designed to protect and serve abused children became a nightmare for those who came into its care.

Consequently, the Los Angeles County Auditor Controllers Office recommended that DCFS streamline and revise case flow processes to provide a faster service response, and that DCFS develop a team approach by emphasizing more thorough case evaluations and investigations. Assistant Director Eric Marts was asked to establish a more expedient early response system to serve families at the point of referral and to develop a new service delivery model for addressing the needs of families who were new to the system. The program was titled as Point of Engagement (POE) and was to be anchored in the community and engage families when they first come to the attention of the child welfare system. Ultimately, it was designed to reduce the number of children entering foster care and to help increase reunification and permanency efforts.

Because this assignment would help the department respond to negative audit findings and assure the Board of Supervisors and many local critics that DCFS was taking positive steps, Marts also accessed some of the resources that are often most rare in busy urban public child welfare offices. This included a staff team that dedicated time to meet with community stakeholders to ensure their active involvement in a plan of action. They focused on the Compton area both because it had enormous unmet needs and because there was potential to open a new DCFS office in the area and begin an innovative philosophy and approach. In addition to building on existing relationships with community-based organizations (CBOs) that had been providing family support and preservation services in the Compton area, Marts and the team went much further by going almost door-to-door talking with small and large stakeholder groups. They invited participation in developing this new office and getting it off to a positive start.

POE is a multidisciplinary, family-centered approach that enlists the support of community from both providers and citizens to

prevent and address child abuse issues. Whereas these ideas were supported by research and certainly not new to Los Angeles, many DCFS staff saw "community partnerships" as code for referrals to community-based contract agencies, not as part and parcel of the DCFS job from the first moment that a family became involved with the system. Although Los Angeles's version of family preservation created local CBO networks, DCFS staff in some regional offices were reluctant to make referrals even to CBOs with DCFS contracts until after the family had been known to the agency for some time. Some of the DCFS staff were very guarded initially in allowing even the most trusted contract agency staff or other community players to play a role in the decision-making process. It should also be noted that there is a great deal of turnover and interoffice mobility among children's social workers (CSWs) and the majority do not have graduate degrees in social work. Most CSWs had on-the-job training and were college-educated, but not necessarily in social work or the social sciences. Until this point, there had been little countywide leadership to insist that old practices had to change.

Challenges from turnover in DCFS directors, competition among funded CBOs, and a host of other political and economic issues, made it seem almost impossible to turn the course of this ship. However, Marts and his team took the opportunity to turn talk into action in the new Compton regional office. Under the leadership of Director David Sanders, the Compton office received final approval to implement the POE service delivery model as a pilot project in 2003. Since 2004 when the Compton office first opened, the staff worked with community partners to demonstrate the benefits of this new philosophy. The collaborative organizational arrangements and relationships led to a 50% reduction in the number of children being removed from their families, with significant increases in reunifications and the number of children being placed in permanent families. The major financial support for the POE was provided by Los Angeles County Family Preservation Fund. Ongoing partnerships with Shields for Families helped to utilize existing mental health and Cal Works (California's Welfare

to Work program) dollars. However, securing funding for assessment continues to be an ongoing challenge.

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### **POE Service Delivery Model**

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POE is characterized by a collaborative approach to partnerships that supports seamless and timely transfer of responsibility from initial investigations to actual service delivery. This partnership philosophy guides organization within the Compton office so that everyone in the building, from receptionists to social workers, sees themselves as members of a team. This approach promotes more effective cooperation for all involved to engage families, provides comprehensive assessments and individualized treatment planning, and assures that families receive the services they need.

Perhaps most importantly, the team reaches outside the child welfare office to include CBOs, faith-based groups, local businesses, and community leaders who care about children. Although a few CBOs receive contracts for their intensive involvement in assessment and treatment, literally hundreds of groups in Compton count themselves as part of the essential community safety net that works with DCFS to support these children and their families.

POE designers were trained to be sensitive to the disproportionate number of African American children in the child welfare system. Additionally, they emphasized the protective role that churches and other faith-based groups might play in supporting these families, along with the strengths from community organizing efforts that would be needed to assure expedient and direct assessment for domestic violence, substance abuse and mental health problems. POE utilizes a multidisciplinary team decision-making approach that includes the family in the process of selecting and planning for the delivery of needed services. POE actively engages resources within DCFS and other county services such as the Departments of Mental Health, the Department of Health, the Department of Probation, and the Department of Public Social Services along with the Sheriff's Office. The team has identified

key local resources such as churches, food banks, Women Infant and Children (WIC) food programs, child care, and other programs that provide essential resources for families—all of which are involved in the extended POE network. These community resources also have special relationships with Compton city offices and the local schools that serve this population.

POE provides a faster response for the provision of services and, using a team approach, actively placing an emphasis on shared decision making and comprehensive case evaluation and investigation. The following components of the POE Model establish a seamless service delivery continuum that integrates departmental programs and initiatives so that children are safe and families receive the necessary services in a timely manner.

- *Informal resources* are provided for families who are “evaluated out” at the hotline, along with follow up with families living in Compton in order to offer referrals and facilitate access to informal resources from CBOs and faith-based organizations. Compton is unique among the DCFS offices in Los Angeles County in offering information on informal resources to all families identified by calls to the child abuse hotline.
- *Differential response* provides a community-based network of formal and informal support services for children and families assessed with an inconclusive child abuse and neglect referral in order to divert families from potentially entering the child protective system.
- *Alternative response* provides a community-based network of formal and informal support and services for children and families with multiple inconclusive child abuse and neglect referrals in order to divert families from further disruptions and entering the child protective system.
- *Voluntary services* provide voluntary family maintenance/reunification and family preservation services to families that have been assessed to be at moderate to high risk and for whom a child protective case is opened.

- *Intensive services workers* conduct child safety conferences shortly after detention to assess for possible return of children and to connect children and families to services immediately following detention.
- *Team decision-making/child safety conferences* provide a forum for the family, relatives, friends, social workers, and community service providers to share information, observations, and concerns. The team identifies strengths and resources to assist in the development of an appropriate service plan for the family.
- *Emergency response investigations of referrals on open cases* provide consistency of emergency response investigations to reduce the likelihood of future abuse.

When child abuse/neglect allegations have been substantiated, the service delivery model involves the following specific strategies and steps:

- Initiate concurrent planning—while disclosing and recognizing the possibility of adoption, family reunification is emphasized.
- Review of any mental health/substance abuse or domestic violence issues.
- Assign Intensive Service Workers (ISW) who link families to services, work on reunification within 30 days, stabilize the immediate risks to the children and family while beginning the process of obtaining basic identifying data such as birth records, the father of the child, and accessing eligible benefits such as social security, along with other case management protocol.
- Identify relative caregivers if needed.
- Provide kinship support which assists in completing the federal eligibility application, eligibility determination for TANF as a nonneedy caregiver, facilitating community resources, referral to kinship training and discussion of adoption and guardianship.
- Identify nonoffending parents, particularly fathers.



- Refer children and families to multidisciplinary assessment teams (MATS) to assess children for mental health, developmental and educational issues within 30 to 45 days after placement. These efforts accomplish the following: determine treatment needs, stabilize the relevant relationships, address the issues for placement assess biological parents for mental health issues, evaluate current caregivers for suitability and for permanency if children need a permanent family, and develop back-up family members who could step up if needed.
- Complete the MAT process with a team decision meeting to update the service plan, link children and family to appropriate services and conduct an adoption disclosure.

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### **How It Works: Results from Qualitative Evaluation**

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Although the Compton office and the adjacent Wateridge office serving SPA 6 had been already implementing POE, many DCFS staff and external stakeholders wanted more explicit information about the key principles and operational elements that led to success. Several groups raised questions about demographic and resource differences in the communities served by the different offices, especially since local studies have established significant differences in the types of resources available. These include the lack of access to language- and culture-specific services, along with public transportation resources available in different parts of the county.

In 2005 the Children and Families Research Consortium (CFRC) was asked to conduct a preliminary qualitative study of POE implementation in Compton and in Wateridge.<sup>1</sup> DCFS managers realized that they needed to better understand changes in the direct care practices of social work from the staff perspective, and

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1. The Children and Families Research Consortium is a partnership between the Los Angeles County Department of Children and Family Services and the five universities with graduate schools of social work in the county. The university partners include the schools and departments of social work at the University of California Los Angeles, the University of Southern California, and California State Universities at Long Beach, Los Angeles, and Northridge.

they needed to know more about the community-based partnerships that are at the heart of POE from the perspective of participating agencies. This qualitative study was designed to answer two questions: (1) What does POE mean for staff, community partners, and the families served by these two early adopter offices? (2) What are the key processes or qualitative factors that are most meaningful in explaining why and how POE works?

Data were collected between May and August of 2006 from 4 focus group meetings and 17 individual interviews with key staff members from each office selected by Regional Administrators. Administrators suggested the names of line staff and supervisors in their respective offices who were most involved in POE and encouraged staff members from different ranks and with different perspectives to participate in the CFRC interviews. Interviewees were asked to discuss their overall impressions of POE, as well as give detailed information about their particular roles. Since these interviewees were not randomly chosen, their views should not be assumed to represent all staff; rather they reflect the views of the staff that were most involved and knowledgeable about POE. The job titles of the interviewees included Children's Social Workers and Supervisors in Emergency Response, Family Maintenance, Family Reunification, and with specialized units (e.g., Family Preservation), Team Decision-Making Facilitators, Intensive Services Workers, and Dependency Investigators.

Two person CFRC staff teams conducted the interviews using a conversational style, following a detailed interview protocol based on information from initial focus group meetings and the investigators' knowledge of DCFS. Generally, one CFRC investigator conducted the interview and responded with probes to clarify answers while the other took notes. These notes were then typed up with full responses to each question with much of the material written in the respondent's own words. Job titles and offices were attached to the comments of each respondent in the interview write-up to insure the ability to identify any observations or patterns that might be linked to particular roles or locations.

The method of analysis utilized was a general inductive approach, which is a systematic procedure for analyzing qualitative data. The CFRC investigators applied this approach to condense the interview data into a summary format in facilitating data interpretation. Several analytic strategies were utilized, including the development of themes or categories from the interview data. Two investigators developed a preliminary list of emergent themes from the interview data. These themes were reviewed by other investigators to verify accuracy, offer different interpretations, or suggest additional themes. Once the interpretations were written in report form, the trustworthiness of findings was reassessed by having all investigators review the written narratives. The researchers identified findings in eight areas: (1) the essential elements of POE, (2) case flow, (3) changing roles inside DCFS, (4) changing roles of community partners, (5) the impact of team decision making and structured decision making, (6) barriers and facilitating factors, (7) outcomes, and (8) indications of success. Some of the key findings are described in the following and illustrated with direct quotes from study participants.<sup>2</sup>

Perhaps the most important finding was that social workers and community partners serving both offices consistently reported that the strengths and needs of children and families are truly at the core of the POE process. This might not be significant in other jurisdictions, but since its establishment in 1984, DCFS has focused much more on systems functions (i.e., substantiation rates, case management processes, reporting requirements, etc.) than on child and family well-being. Moving families to the center of attention requires rethinking, restructuring, and reworking many of the agency's core processes. DCFS workers reported that they needed to learn and practice using a strengths-based, family-centered

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2 A full report is available from Jacquelyn McCroskey, USC School of Social Work, Montgomery Ross Fisher Building, Los Angeles, CA 90089-0411. She would like to thank coinvestigators Walter Furman, Jane Yoo, and Stephanie Carter Williams for their work on this study, for their many contributions to the CFRC, and for their continuing dedication to improving the welfare of children and families in Los Angeles.

approach in order to build strong relationships with families. Both department administrators and staff of partner agencies reported that this is a significant change from previous practice, and people would need time to develop new skills.

Strengths-based family inclusion is essential. Differences . . . (between pre-POE and now) . . . in social work practice include focusing on the relationship between the social worker and the family. Social workers do less policing, and more interacting. We look at the situation differently, asking 'what can we do to keep this family together?' We use a family service model.

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Another idea is the empowerment of families—they have a voice in the process. Even when we decide detention is best, after this process, parents are a lot more receptive to what needs to be done.

DCFS social workers reported that there are challenges in changing traditional practices, but they find the results much more rewarding and they can see immediate benefits for families.

As an ER worker, I go in with a new mind-set—whatever is going on, we have resources to help. This changes how I approach people, from how I introduce myself to how I talk with families to how I offer services.

Parents have choices about making changes for their own families. We help them make decisions for themselves, not just listing out what they have to do to keep their children. We have more open communication with families and family vulnerabilities are viewed differently. We're working for the same goals—not being adversarial with families.

Study participants also commented on the centrality of collaboration and the many types of collaboration involved in POE. Collaboration between DCFS and CBO partners was mentioned most often as having changed dramatically since the advent of POE.

CBOs participate in assessment processes, case planning, ongoing service delivery, and monitoring of all types of cases (referrals with no open DCFS case, voluntary, and court ordered). For example, study participants said that secrecy about how DCFS works and decision-making processes is not productive and that old attitudes that have kept DCFS processes "closed" need to be changed. The benefits for DCFS workers from having real partners more than makes up for the discomfort of change:

Collaboration is our ideal. We used to have different islands within the department but now we know that everyone must be included. Collaboration is critical both within the department and with the community.

The primary culture change is that we now invite community partners to help families keep children safe in the home. Communication is wide open.

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We have the opportunity to do good assessments and work with families on multiple levels. We can look at the whole family situation rather than just the original reason for the referral. Having the community-based agencies, as a third party, assess family situations too, eases some of the responsibility for decision making. Making big decisions like removing children by yourself is a tough thing. No one makes these decisions by themselves any more, everyone's voice is heard—including the family.

Study results also show how communication with families is changing since POE requires full disclosure to and collaboration with families. Workers must communicate openly and respect the family's ability to make decisions on their own behalf. This kind of communication is essential in order to assess family strengths and develop individualized service plans.

It's a new flavor for the department to engage families within their own communities—intervene before the need for removal.

[My aims] include insuring that a family has the services they need and that the family understands why they need the services and what the services are intended to do. Before, the parents were more confused. We let them know what the court has ordered, the timelines, what their role is, what everyone's role is.

Things are done on a case-by-case basis and not on the type of allegation. Previously the nature of the allegation drove the [case/departments] policies. Now we handle things on a case-by-case basis.

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This philosophical change means that families are seen as full partners in the process, rather than as "cases" that need others to solve problems for them:

The family is involved from the beginning. Their role is very crucial because we are talking about their lives.

Before we just made all the decisions and didn't involve the families. Now we engage all sides of the family—aunts, uncles, and whoever the family invites. Even a pastor can come to the meeting.

I can hear the family's story from them. It empowers the parents. They have more say-so and feel a lot more connected from the beginning. [Families] seem less angry. They are put in a position where they can fix their problems. They are not in the dark about what is supposed to happen.

Study participants described the operational strategies of POE as linking families to services more quickly because the internal steps have been streamlined—agreement on an overall vision and goals that everyone in the office buys into means that people can work together rather than focusing only on their own contribution, protecting their own turf and holding up the progress for families.

POE means preserving the family unit. Prior to POE we were taking kids from their families unnecessarily. Now

with Alternative Response, we are able to help borderline families get services.

POE is when we try to get services to the family at the point of engagement, just when the referral comes in.

POE makes court the last resort. You only go to court when you feel you can't ensure child safety. POE means keeping children with their family whenever possible, safe.

DCFS workers have not always seen the involvement of community-based agencies through a positive lens, nor have community-based agencies been included in DCFS processes to the degree they are now with POE. A supervisor in Compton noted that attitudes toward community-based agencies have evolved with POE:

Their role is growing stronger. We never used the term *community partners* before. Before, we had to go through the courts, and we could only use those agencies that were approved by the courts.

In POE, relationships between DCFS and CBOs are seen as ongoing because both public and private agencies are committed to serving the families who live in Compton—a community with extensive needs and limited resources where every agency's efforts are needed and everyone counts. Traditional attitudes suggested that families were "handed off" through a referral to a CBO, and information on the family's progress was not shared.

[Before] referrals were made and there was no way to determine if [families] got the services. Now we have a relationship with the agencies we refer to and they let us know if the families come. They also help the family link to other agencies to find services. They help us.

Focus group discussions in Compton illustrated how these relationships have changed, allowing staff to be more open, truthful, and available to each other on a regular basis.

Before we communicated when we needed a report. Now we have a wonderful ongoing dialogue.

Community partners are perceived as equal to staff. Communication is constant between units, and with community partners. The informal communications are equally important to both sides. We know each other's office and cell phone numbers.

While the relationship between DCFS and community partners has changed, some community partners in one of the Compton focus groups also believed that this new atmosphere has affected relationships among local CBOs. They reported that community-based agencies are working together to increase cross-referrals between agencies, looking at one another differently, and relying more on other agencies for support. The interviewees observed fewer adversarial relationships between CBOs and more focus on advocacy for clients. Community-based agencies have increased knowledge of DCFS processes and procedures, and have increased trust and respect for DCFS staff.

Even the Compton office, which has experienced the most success with the POE approach, has not solved all of the problems associated with providing child welfare services in inner city communities that have disproportionate numbers of poor families of color, few living-wage jobs, inadequate schools and limited resources. But these DCFS workers are more likely now to see themselves as part of a larger community effort, where everyone needs to pitch in to help families resolve their problems, rather than as standing apart from local communities, bearing alone the burdens of providing "last resort" services for children whose families had failed them. When asked about the primary barriers to success now, DCFS workers called for even more connection to community-based services, more resources for families, and more access to language- and culture-competent services.

We need more help with the community, a lot more connection to the community. We need more Section 8 housing. Housing is the number one issue. Jobs, too. They are not plentiful here.



Domestic violence is a big issue here in the community and we don't have enough DV community partners. There used to be [agency name], but they have been overwhelmed [by referrals].

Waiting lists are an issue in between waiting for services. This is a particular problem for Spanish-speaking families because they have to wait for bilingual services.

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### **Bringing it to Life: A POE Case Example**

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The following Compton case illustrates how POE can improve the quality of practice by truly valuing family support and community expertise. Before implementing POE, it was standard practice for emergency response social workers to bring child car seats with them when responding to a hospital referral of positive toxicology at birth. In fact, most workers, upon learning from the referral that there were several children in the family, would assume there would be a removal, and immediately request a placement search before leaving the office to even investigate the case.

However, under the POE service model, when responding to a referral on Mrs. J., an African American mother of six children, the social worker did not bring a car seat, nor did she request additional social workers to accompany her to help take in the children, nor did she check on the availability of an out-of-home placement before leaving the agency. Instead, the social worker arrived at the hospital, quickly gathered family members and service providers to assess the case and develop the most appropriate plan for the family. During the investigation, it became evident that although Mr. and Mrs. J. had struggled with substance abuse for some time, the family had not yet come to the attention of DCFS. A social worker with expertise in substance abuse issues assessed both parents to determine the stage of use and the impact of substance use on the safety and risk to the children.

In the case of the J. family, both paternal and maternal grandmothers agreed to care for the children. Each of them took in three

children under a Voluntary Family Reunification (VFR) contract. The separation and transition was hard for everybody, including parents, children, and grandmothers. However, due to timely services that included team decision-making meetings, strong support from service providers, family members, and voluntary social worker and supervisor, the children were able to reunify with their mother in treatment housing by the end of the VFR contract. Mr. J. relapsed, as sometimes happens in substance abuse recovery, but was also able to return home eventually.

It is difficult to know for sure whether this family, without POE, would have been brought to the attention of the court, whether the children would have ended up in foster care and whether they would have received a timely reunification, especially due to relapse of the father. With POE the children were kept out of the system, and the J. family reported the intervention to be very helpful and have shared their story to help others and to advocate for POE.

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### **Outcomes of Point of Engagement**

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The primary goals of POE were to achieve the department's mission of ensuring safety, permanency and well-being for each child, but the staff has also realized that success in inner-city communities such as Compton requires that they directly address some of the conditions of intense poverty that many families are experiencing. Since POE social workers provide prevention and early intervention services rather than just "taking children away," study participants (social workers and community partners) reported that one result of adopting the POE philosophy is that the overall image of DCFS in Compton is much more positive, and some residents have begun to see child welfare as really benefiting children and families. Another effect of bringing family well-being clearly into focus within the public child welfare agency is that the efforts of DCFS social workers are more clearly aligned with other local institutions and community groups, so groups that did not want to

partner with DCFS when it was seen as a last resort to "take children" are now active partners. An important benefit for the staff as reported by many study participants is that social workers are able to truly see that they are helping children and families.

Since 2004, the Compton office has demonstrated a reduction in the number of children being removed from their families, an increase in the number of children returned to their families within 12 months, and an increase in the number of children finding permanent legal families. Since the project began in Compton, preliminary detentions were reduced from 487 before POE to 232 in the first year of POE, and then to 188 in 2005 to 2006. Reunifications have increased from 20% to 67% of cases. In 2005 to 2006, 405 children were reunified in 12 months. The total median length of stay in care has been reduced from 777 days in 2003 before POE to 368 days in 2005. Compton now has the highest voluntary family reunification rate in the county. Also, an assessment for adoption takes 3.6 months in Compton and 8 months in other parts of Los Angeles County. About eight adoptions are completed each month in Compton compared to four per month before the project.

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## Discussion

This article describes the implementation of a best practice model with families in child welfare and demonstrates its success in a complex multicultural inner-city community. While other previously published research attests to the desirability of similar "best practice" service delivery models, this article describes some of the complex changes required to fully implement these practice models from the perspectives of frontline staff. Because social workers in child welfare settings deal with extremely complex transactions between families, staff, and community partners, deeper analysis is required to fully reflect their challenges and the supports they need to do their jobs effectively. Yet it is beyond the scope of this paper to fully evaluate the efficacy of the POE model from the perspectives of community partners or families. DCFS changed its

policies to reflect the POE service delivery model, and POE training for all social workers and supervisors has been conducted as an introduction to this new approach to service delivery. The efficacy of this staff training protocol and model fidelity should also be more systematically evaluated in the future, testing whether improved skills in community partnership, team building capacities within the agency, and the strength-based perspective provide an effective start for POE's children's services workers.

Social work practitioners must continue to explore and utilize evidence-based and innovative practice models that will help alleviate the effects of disproportionality on children and families already involved with the system by improving permanency and well-being outcomes. These practices include family engagement, family group conferencing, kinship care, diligent recruitment, culturally competent practice, and partnership with community-based agencies that emphasize cultural competence (Everett, Chipungu, & Leashore, 2004; Fong, McRoy, & Ortiz-Hendricks, 2006; Miller & Gaston, 2003; Woodroffe & Spencer, 2003). Training in "undoing racism" is beginning to be used by some agencies seeking to examine how unconscious or conscious racism can potentially differentially impact service delivery (People's Institute for Survival and Beyond, 2007).

POE offers a service delivery system that combines many essential aspects that fuel the core of social work practices, focusing on the family's needs, immediate provision of services, and engaging the community to assist families in developing their own strengths to maintain safe homes for their children. The partnership between the family, child protective services, and community providers builds a strong community safety net that is often missing in traditional services. Intersecting culturally competent domestic violence, substance abuse, and child welfare services could also help to provide a multisystemic approach to service delivery for vulnerable families of color (Fong et al., 2006). This model has been used with children and families of color in the Compton area and

strongly suggests that there are successful strategies that can keep many children out of the system, and therefore contribute to reducing disproportionality.

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**California Child Welfare Council**  
**Differential Response Framework**  
**Core Elements of Differential Response**  
Adopted September 9, 2011

Differential Response (DR) is a practice that allows Child Welfare Services (CWS) to vary their approach to child abuse and neglect referrals based on established criteria, which can include the severity of alleged abuse, prior history with CWS, and cooperation of the parents. Often called "Multiple Track" or "Alternative Response", Differential Response enables CWS, the community and families to respond to an allegation in the least invasive manner while still ensuring the safety and well being of children.

Review of Differential Response methodology currently being utilized in over 20 states, as well as current practice within California was analyzed in order to identify core elements that are considered necessary for the successful implementation of this approach throughout the State. These core elements are intended to serve as a framework, allowing for each county to implement the elements in a manner reflective of the communities they serve.

**CORE ELEMENTS OF DIFFERENTIAL RESPONSE**

1. **Path System:** A system that allows for the placement of families along a continuum of responses based on specified initial review criteria. It is recommended that California's DR system contain three paths:

***Path One:*** Provides for a prevention or early intervention response for families that: (A) are evaluated out after hotline referral to CWS because they do not meet the threshold for child abuse and neglect; (B) contact CWS for assistance where no hotline referral has been made; and/or (C) are at risk of child abuse and neglect due to family factors including substance abuse, mental health or domestic violence. Path One families are linked/referred to community based agencies on a voluntary basis and offered identified services. It is recommended that Path One incorporate identification of families within the community that may fall into Category C. These services may or may not be contracted under CWS, but provide for a continuum of care for families who are at-risk, but where child abuse and neglect is not yet a factor.

As Differential Response is brought fully to Scale, Path 1 essentially embodies a prevention network. Families who are at-risk of child abuse and neglect, but who have not been referred to the Child Protection Hotline will also be eligible for Path 1 services and supports. This fundamental change means that families will no longer be required to enter services by means of referral to the child abuse hotline.

***Path Two:*** Provides for a CWS and/or community supportive services response for families referred to CWS for child abuse or neglect that are identified as low or moderate risk. Working with Community partners in Path Two is a voluntary program; however families unable or unwilling to comply with recommendations may be elevated to a more intensive CWS response.

**Path Three:** Provides for an investigatory track for families with previous substantiated allegations and/or that are identified as high-risk based on specified review criteria, in alignment with traditional CWS services. Path Three utilizes community resources to support the services required by CWS in order to ensure safety.

2. **Initial Review Criteria:** Upon referral or contact with CWS, clearly specified review criteria should be established to ensure a consistent response. These criteria should include: (A) Child Maltreatment Category; (B) Age of Child; (C) Prior History with CWS; (D) Cooperation of the Parents/Caregivers; and (E) Source of the Report.
3. **Strength Based Approach:** Regardless of the Path assigned, all responses should incorporate a strength based approach and provide families with every opportunity to participate in their assessment and the development of their service plan. This could include the following: Team Decision Making (TDM); Family Group Decision-Making; and other multidisciplinary approaches that incorporate the family, their support systems and community providers.
4. **Structured Referral Process:** In order to ensure that families are linked and engaged in services, a well structured referral process should be established. This would include the completion of standardized referral forms that incorporate sufficient information that enables community providers to ensure appropriate services are offered. In order to maintain confidentiality, this process will also necessitate completion of releases from the family to the referral source.
5. **Planned Facilitation Process:** To provide families with every opportunity to access services needed, a planned facilitation process will be required. Facilitation of services may be offered through the community and/or CWS, however a coordinated plan will be necessary in order to increase positive outcomes for families referred to services. This may include: outreach and engagement interventions; transportation; child care resources; services in the evenings/weekends or in the home; and assistance with the cost of services.

In order to further enhance the opportunities for families involved with CWS, it is recommended that California establish **priority access** to all identified services for families referred due to an allegation of child abuse and neglect. It is further recommended that every effort be made to enhance resources for the most hard to acquire services including: mental health, substance abuse treatment and housing.

6. **County Defined Follow-up Process:** In order to evaluate the consistency and continued efficacy of the DR approach, a defined follow-up process is recommended. This process would include the tracking of families to identify receipt and completion of services, as well as recidivism to CWS. In order to maintain confidentiality, this process will also necessitate completion of releases from the family to CWS. The suggested follow up process must be supported by a robust, integrated data collection system.

# **A Qualitative Study of Exodus Graduates: Family-Focused Residential Substance Abuse Treatment as an Option for Mothers to Retain or Regain Custody and Sobriety in Los Angeles, California**

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**Susan D. Einbinder**  
*California State University  
Dominguez Hills*

In this article, 21 long-term, poly-substance abusing mothers describe how they successfully completed an 18-month family-focused residential substance abuse treatment program in southern California that helped them retain or regain custody of their children. Their stories and experiences with specific program characteristics and approaches of this rare treatment option are described, in their own voices. Policy implications for child welfare and parental substance abuse treatment are examined in light of these success stories.

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Many parents seeking intensive substance abuse treatment face a Faustian choice: surrender custody of their children to the authorities to enter a comprehensive, long-term residential treatment program and likely lose parental rights; or figure out how to kick the habit while raising their children, paying the rent, holding down a job, and socializing with family and friends in an environment rife with temptations to use. Although child welfare and substance abuse professionals have long discussed jointly addressing this issue (Christian, 2004; Drabble, 2007; Maluccio & Ainsworth, 2003; Osterling & Austin, 2008; Pajulo, Suchman, Kalland, & Mayes, 2006; Rockhill, Green, & Furrer, 2007), few such programs exist. This gap, as well as empirical research about this approach's efficacy, leaves the current and future well-being of the children of many chronically addicted parents in jeopardy.

An estimated 9% of American children reside with a substance-abusing parent (Child Welfare Information Gateway [CWIG], 2003). These children are at risk for a range of developmental, social, and psychological delays, including child maltreatment (Carlson, 2006; Connors, Grant, Crone, & Whiteside-Mansell, 2006; Hogan, Myers, & Elswick, 2006). An estimated one-third to two-thirds of child maltreatment cases include parental substance abuse (CWIG, 2003; Young, Boles, & Otero, 2007).

Programs that include specialized attention to treatment needs of women rarely accommodate their children. Although the precise number of beds available is not known, in 2005, only 8% of California's treatment facilities provide beds for children (Substance Abuse and Mental Health Administration [SAMSHA], 2006b). As context, 3% of treatment programs that responded to a nonrepresentative national survey—a total of 347 sites in the United States—enroll pregnant or postpartum mothers (SAMHSA, 2006a). In California, 4.5% of admissions to substance abuse programs in 2004 were pregnant women while an estimated 59% were parents of minor children (Boles, Werner, Young, Gardner, Chang, Dennis, & Otero, 2006).

Developmental improvements were noted among children living with their mothers in residential substance abuse treatment (Connors,

Bradley, Whiteside-Mansell, & Crone, 2001); mothers reported improved parenting skills (Hiersteiner, 2004). While more knowledge is needed about how this treatment affects children (Connors et al., 2006), a preponderance of research illustrates that allowing mothers to retain custody helps them complete treatment and maintain sobriety and abstinence afterward (Carlson, 2006; Center for Substance Abuse Treatment, 2001; Connors et al., 2006; D'Arlach, Olson, Jason, & Ferrari, 2006; Greenfield, Brooks, Gordon, Green, Kropp, McHugh, Lincoln, Hien, & Miele, 2007; Greenfield, Burgdorf, Chen, Porowski, Roberts, & Herrell, 2004; Grella, Joshi, & Hser, 2000; Hiersteiner, 2004). Mothers mandated into residential treatment who retained custody of their children stayed in treatment longer and were more likely to complete the program than mothers in intensive day treatment (Nishimoto & Roberts, 2001). Mothers in family-friendly substance abuse treatment were more likely to remain drug free compared to those who lost or voluntarily relinquished custody of their children (Daley, Argeriou, McCarty, Callahan, Shepard, & Williams, 2000).

Family-friendly substance abuse treatment integrating parenting concerns and allowing children to remain with their parents would greatly reduce foster care utilization. After paying for program costs, a 12-month residential treatment program for pregnant mothers was estimated to save \$3,072 to \$32,722 per mother, including savings from criminal justice and foster care (Daley et al., 2000).

A few published pieces recount experiences of parents who completed substance abuse treatment (D'Arlach et al., 2006; Hiersteiner, 2004; Milligan, Wingrove, Richards, Rodan, Monroe-Lord, Jackson, Hatcher, Harris, Henderson, & Johnson, 2002; Sword, Niccols, & Fan, 2004). This study presents the experiences of 21 mothers who successfully completed the Exodus program, a family-friendly substance abuse treatment program at Shields for Families. Shields implemented Exodus in 1994 in Housing and Urban Development-funded transitional housing (Keith Village) in central Los Angeles. Exodus provides comprehensive residential substance abuse treatment, incorporating and addressing the multiple, overlapping identities and responsibilities of each person seeking help (McComish,

Greenberg, Ager, Messenmacher, Orgain, & Bacik, 2003). Each family receives individualized, comprehensive case management services throughout and beyond the 18-month program: This includes individual intensive substance abuse treatment for the parent(s) as well as an array of programs and services addressing parenting, health, mental health, education, employment, financial management, legal assistance, children's socialization experiences, and so on. From 1994 through 2001, approximately 80% of parents who began Exodus successfully completed the program (Taylor & Miller, 2000); many of these parents retained or regained custody of their children. Financial considerations aside, the importance of keeping children—safely—with their parents cannot be ignored.

Of the 21 parents in this study, 16 entered Exodus due to substantiated child maltreatment reports; all of them successfully reunited with their children during program participation. These women's voices are rarely heard. Their stories demonstrate how Exodus enabled them to solve their Faustian choice of seeking substance abuse treatment and remaining parents. While their experiences may not be generalizable, they represent the best outcome of this treatment modality and provide insight into how substance abuse treatment and child welfare practices can jointly support and help children and parents, rather than forcing parents to choose between helping themselves and helping their children.

## Method

### *Sample*

A purposive, deviant, nonrandom sample of 21 parents who had graduated from the 18-month Exodus program were recruited and interviewed between October 2007 and May 2008. Participants agreed, in writing, to allow access to their files, take part in a one-on-one interview and complete three standardized surveys (not reported here). Those who did received a \$20 stipend.

Finding potential participants who had moved off-site proved mostly unsuccessful. Los Angeles's dearth of affordable rental housing (Taves, 2009) and longstanding moratorium on Section 8 vouchers

meant that graduates who moved often relocated far away, and other graduates remained residents at Keith Village. Most participants had graduated within two years; the rest graduated two to five years earlier. Demographic characteristics of recent and older graduates did not differ significantly.

### *Procedure*

After approval from Shields' and the University's Institutional Review Boards, the principal investigator attended a weekly alum meeting at Keith Village to describe the study and solicit participants. Subsequent meetings were attended by a master's of social work (MSW) student irregularly until interviews were completed.

Prospective participants were asked to sign a release form permitting case file review to determine suitability for the study (i.e., child welfare involvement and successful completion of the program, which included completion of GED/high school graduation). The approved study design assumed that agency case files were retained for eight years and easily accessible from storage. Instead, files were retained for less time and storage was so random and haphazard that many files could not be located for prospective participants, an unanticipated consequence of agency-based research.

Those whose files were located and met study criteria were contacted by one of five female second-year MSW students who scheduled an evening or weekend interview at Keith Village. Two bilingual students were fluent in Spanish. Two were African American, and one was Asian. To the degree possible, the race/ethnicity of the participant was matched with the interviewer's to increase the participant's comfort and reduce bias (O'Brien & Bates, 2003). An agency employee served as witness for the informed consent procedure (providing child care, if necessary). Interviews took 45 minutes to 2.5 hours to complete: each audiotaping was transcribed to a password-protected file and destroyed after its final use.

A semistructured protocol containing 17 open-ended questions covering three areas of interest guided each interview. The first section solicited initial motivations to enter the program, whether and how motivations changed while in treatment, program experiences,

and benefits. The next section gathered more details about program participation, asking what worked best and why, what was most difficult and why, how participants would rate the program and why, how they viewed the staff, and whether and how participating in the program changed parenting. Demographic and socioeconomic data were also collected.

### *Data Analysis*

Relevant socioeconomic and family characteristics were gathered from case files and interview responses. The author retyped each individual transcript and then regrouped responses so each of the 14 open-ended questions had all of the 21 responses contained together. These versions were read numerous times to identify themes and patterns of responses about motivations to enter the program, experiences in the program (which a focus on parenting), and life after graduating.

## **Findings**

### *Socioeconomic and Family Characteristics*

Of participants, 86% were African American; the rest were Latina or white. These women ranged from 26 to 48 years of age, averaging 39. Contrary to stereotype, 62% of these mothers have or had a long-term relationship with the father of one or more of their children. Four were married, three were divorced, one was widowed, and one was engaged. Most of these men were high school graduates or completed some college; many worked and all were actively involved in family life. Among unmarried participants, four maintained longstanding relationships with the fathers of one or more of their children.

While all of the participants parented full time, four worked full time, and three worked part time. Seven attended college, and nine were actively seeking employment.

Average monthly income (from all sources) was \$1,324. One participant's income came solely from employment. Others relied on a combination of 2 to 9 cash and fungible benefits, averaging 4.6 per participant. Temporary Assistance for Needy Families; food stamps; school meals; Medicaid; and Women, Infants, and Children were the



most common, followed by unemployment insurance; housing assistance (Section 8 voucher); reduced heating/electricity costs; reduced telephone services; Supplemental Security Income; Old Age, Survivors, Disability, and Health Insurance; General Relief; Veteran's benefits; or employment-related benefits.

Monthly rents for Keith Village residents ranged from \$140 to \$439. Average rent for the four with housing subsidies was \$245; for the rest, it was \$280. Off-site participants paid monthly rents from \$98 to \$1,800 and \$835 average. None received housing subsidies.

### ***Substance Abuse Histories***

Participants recounted chronic poly-substance abuse of 2 to 28 years in duration, averaging 18 years. Each reported long-term, daily use of two or three substances—most commonly alcohol, crack cocaine, marijuana, and crystal methamphetamine. Nine participants completed or dropped out of outpatient or short-term residential treatment programs previously, including two Exodus graduates who relapsed after the death of a child and a partner, respectively. A number of participants experienced long periods of homelessness; many participated in illicit activities to feed their habits and their children during this time.

Seven participants were in therapy and took medication to treat diagnosed mental illness; 10 managed chronic health problems including asthma, diabetes, emphysema, or high blood pressure. Eight participants reported experiencing domestic violence. Two were the perpetrators rather than the victims, an unexpected finding. Another six participants were victims of sexual abuse as children. Of the 10 participants, 6 with criminal justice histories had been incarcerated for one month to four years for possessing illegal substances, shoplifting/vandalism, prostitution, and/or assault.

### ***Children, DCFS, and Child Custody***

Participants had birthed from one to seven children (average = 3.7); collectively, they had 78 children. Of these children, 48 lived with their mothers, and 6 resided with family members. Additional offspring lived independently as adults, and at least two were deceased.

A substantiated DCFS investigation was the initial motivation for 14 participants to enter Exodus. Four retained custody (nine children in total), although two sent a child to live with a relative.

Of participants, 12 lost custody of their children prior to entering Exodus. However, each of these 12 participants regained custody over nearly all of the 39 detained children whose ties to their mothers would likely have been severed within 12 months of placement, per federal law. Two participants reported that one of their children was in the physical custody of a close relative, and another was working with DCFS to reunify with some of her children residing with their father. Only one participant, with one of her children in her custody, had had her parental rights terminated for older children who were adopted years earlier.

### *Motivations for Substance Abuse Treatment*

Parenting was the prime motivating factor for participants to enter Exodus, as this comment reflects: "We tried a few times prior to that happening, but we could not bring our children with us and I did not want to be separated from them, so we didn't think about entering the program" (01, p. 1)<sup>1</sup>.

One participant initially entered to get housing: "When I got here, I just fell in love with the lifestyle of recovery, and I also got my kids back" (12, p. 3).

Participants were painfully aware of how their substance abuse impaired their parenting, as one noted: "Parenting on drugs . . . was, like, you let them do the craziest things just so they would not interfere with you" (05, p. 4). Another comment embellishes:

I knew I would end up knocking them up, so I would scare them enough to where they would either pee in their pants or go crawling into bed and under the covers shaking. And I don't ever want to cause that to them again, do that damage. I have learned to apologize. (08, p. 14)

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1 Each direct quote is referenced by participant's assigned number and the page of the transcript where it was found.

### *What Was Difficult*

Although they learned to appreciate it, eight mothers felt that sharing their personal lives and feelings with others in group settings was the most difficult part of their program participation. Three said that the rigidity of the first month in treatment, living with roommates, was the hardest; two others who expressed pride in earning their GEDs said that they hated going to school.

Four participants who entered without their children said that the unrelenting, desperate pain they felt missing their children was the most difficult part of the program. Conversely, another four participants were stunned, horrified, and overwhelmed at how badly their children behaved. One mother commented:

When I came here . . . they made my pay attention to what was going on with my son because . . . it's not all about me. It's about me dealing with my kids and my behaviors as well. And that is just how it works here, so I had to get him into therapy, I had to have him analyzed and put on medication for his behavior . . . there was a lot going on with him, every day, something new. (07, p. 3)

One additional participant said that fighting to get her children back from out-of-home care was the most difficult because, "They were up for adoption because I had messed up for so long" (12, p. 4). Shields staff's excellent relationship with DCFS facilitated this mother's ability to convince the judge to extend time limits and eventually regained custody of her children.

### *Most Would Not Change Anything*

Of the participants, 12 said that they would not change anything at Exodus; another said that it should be replicated widely. Another four mothers complained that some mothers were difficult or should not have been admitted. Two participants reluctantly complained about a specific staff member who, they believed, was disrespectful. One participant recommended adding exercise programs, bemoaning the fact that everyone at Exodus gained weight because food tasted so good and they no longer used drugs to cut their appetites. This participant's comment summarizes, "They have child development for children, they

have mental health services, they have different programs for women who have children, small children and big children . . . they have outside classes you can take. They have so many things to offer" (06, p. 2).

### *What Worked and Why*

These mothers gave Exodus an average ranking of 9.3 on a scale ranging from 1 to 10 where 10 was the best. One noted "It's . . . not just the treatment. It's a lifelong process, a lifelong commitment to recover" (08, p. 12). Another mother, homeless and living on the streets for 17 years, said that the program gave her back her life. The program's staff and philosophy also warranted comments:

They counselors are wonderful. They really take the time to deal with your issues and try to help you whatever your needs are, whether it's food, clothes, legal matters, mental issues, whatever. That's a plus for me. They are not just trying to work with the drug program. They get all of the areas. 'Cause you know, as addicts, we tend to get in trouble every now and then, and, you know, we have warrants out and they help us clear that up, and they have went [sic] to the extent of going out of state for some people to clear their warrants. So that's a beautiful thing. (10, p. 7)

I got new friends. They taught me to open up, to take suggestions and look at myself if I needed anything for me, for my daughter. Financial aid, they helped you, they helped you . . . I didn't have no income for a while. They didn't kick me out. They didn't kick me out! . . . They never said, OK, well, the money to us is more important. Never. If I needed money because I didn't have no food stamps or something, they would give me food vouchers to go buy groceries, whatever, whatever, whatever we needed. Whatever we needed here, we were able to get as far as necessities. We don't ever have to go without. Ever. Ever. (15, p. 7)

Parenting classes, individual therapy, and informal guidance from peers and staff about parenting were particularly helpful:

I know I wasn't always a great mom, and I didn't really know

a lot of things about being a mother because I was never mothered myself. (13, p. 6)

I didn't really have any parenting skills ... so coming here with the help of parenting classes and everything showed me things I was doing wrong and which I kind of knew I was doing wrong, but it showed me how to do things in a different way. You know? Like, you could still be strict or discipline without hitting or cursing or being verbally abusive. (14, p. 3)

When I was growing up, my people believed in whipping, and that is how I started raising my kids, with whippings. I learned that there is [sic] other ways to parent, you know, and I don't have to hit my kids all the time for them to listen to me or whatever. And I don't have to yell and curse at them all the time. So it really has changed my parenting skills. (19, p. 5)

After six children being taken away from me at birth, I was willing to do something different. I was raised in a foster home, you know, since the age of two ... I went through problems there, and it seems like ... every step of my life has been ... downhill as a child, all the way up to like two years ago. And I looked back on my life and I seen [sic] everything that I've gone through and then, I mean, I just got tired, I just thought, you know, it was time for me to win, it was time for me to have things, it was time for me to responsible, and that motivated me to do it—just waking up another day. (13, pp. 2–3)

I'm not smoking crack today. I'm not using, and [I] learned to be a parent, learned to communicate with the kids, instead of yelling and hollering at them all the time. (09, p. 1)

Some mothers emphasized their newfound ability to see and understand both how their substance abuse had impaired their parenting, and their treatment was improving it:

I know ... if I wouldn't have an addiction, I probably would have been a better parent. As long as I'm sober, they look up

to me highly, but as soon as I'm messing with the drugs, it's all disrespecting. I love how, right now, our relationship is . . . well, we tell each other we love each other. . . . A lot of stuff here can help you in whatever kind of problems you're having as far as being a good parent. (04, p. 6)

Before, it was just, basically, "Hey, go into your room so we can get on the couch and get high." That is no life for the kids. But here, we go out, do stuff. [Exodus] taught me to be proactive because I am not using drugs anymore, which is a good thing. I can talk to my kids now. (11, p. 5)

Participants appreciated that they were encouraged to determine their own lives in a program that embedded treatment into every service and program offered:

This program is not a "program" where they take your food stamps and your EBT card. You actually had all that in your hands, you pay rent, you pay the light bill, you pay your gas, you buy your own food. (12, p. 3)

They didn't make me feel less of a person for my addiction. They instead wanted to nourish me and make sure I get this—that way, I can live. (12, p. 4)

They don't really push you to do nothing: they give you suggestions. And if you are serious about it, you are going to follow them. And if you are not, you are going back and getting high again. (19, p. 3)

This is a very good program, very structured, very good. It's caring, it's nurturing, helping. If you utilize this program to the fullest you will succeed. When you have friends and you know your peers and even job opportunities, just all kinds of benefits you would get from here. You get a lot from this program. I'm a part of Shields for the rest of my life. This is going to be something that is part of my life forever. (15, p. 6)

## Discussion and Conclusions

The 21 mothers in this study unanimously credit the Exodus program for their success overcoming chronic poly-substance abuse while also retaining or regaining custody and improved parenting of their children. Although some complaints were rendered, these mothers repeatedly emphasized and expressed appreciation for the manner in which each of them was encouraged to choose and assemble different services and parts of Exodus so that it worked for her. Critical of other substance abuse treatment options, they embraced Exodus' comprehensive, family friend approach, identifying it as key to their ability to take responsibility for and address three interrelated aspects of their 18-month treatment, as individuals, parents, and family members. Even among those who encountered difficulties during participation, these mothers fervently believe that Exodus was the only place that provided the help they needed, in a way that was respectful as well as efficacious, for them, their children, and their families.

In this regard, Exodus functioned as a "community of caring," offering these mothers interrelated, focused programs and services that structured opportunities for them to fundamentally rebuild their lives. The mothers in this study developed strong relationships with other mothers in the program, forging protections against temptations to revert to old patterns. Their children befriended each other as well. Although not explicitly stated by any participant, these mothers seemed aware that they had recreated themselves and forged a new community for their family, and some seemed in awe of this accomplishment. Perhaps that is why so many participants referred to Exodus as "a safe haven."

One participant's comment is particularly apt here:

All they want, you know, is love. That's all they really want: love. Of course we have to take care of them and feed them and stuff like that, but most of the time, all a child really wants is love, to know that their parent loves them, and that's what they teach us. How to love and care for our children and not mistreat them. (10, p. 8)

These mothers perceived their experiences in Exodus as love as well: tough love, certainly, but unconditional support for what they knew would be the most enormous challenge of their lives.

### ***Study Limitations and Recommendations for Future Research***

These findings cannot be generalized due to the sample's heterogeneity and small size. Social desirability bias may have led some respondents to censor negative experiences and embellish positive ones; the modest \$20 incentive might have exacerbated this trend.

Larger and more diverse samples and follow-up studies of long-term graduates as well as program dropouts would enhance understanding of the effectiveness and impact of Exodus and suggest which subpopulations of mothers would best benefit from this treatment option. Baseline and longitudinal measures of children's well-being, perhaps compared to children in similar situations who were placed in out-of-home care, would shed light on whether and how this treatment option affects children, and reveal areas where child welfare practitioners can improve on child-specific components. Cost-effective and cost-benefit analyses comparing program costs to costs of child welfare, criminal justice, and other system costs would also be informative.

Despite its limitations, this study adds to existing knowledge supporting family friendly residential substance abuse treatment and offers additional support and justification for jointly addressing substance abuse treatment and child welfare practices for parents. It does so by showcasing the voices of extremely poor, relatively uneducated, highly marginalized, chronic substance abusing mothers who succeeded with substance abuse treatment while retaining and building on their identities as individuals as well as mothers, preventing or reunifying with their children in out-of-home care. The growing numbers of now faceless and nameless mothers struggling with their addictions and parenting responsibilities are likely eager to have this opportunity to change their lives, as well as the lives of their children, in the many positive ways that have transpired among and between this study's mothers.



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## IN THIS ISSUE

Child Well-Being  
in Families  
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# THE SOURCE



# Keeping Kids at Home: Family-Centered Treatment at SHIELDS for Families, Inc.

Kathryn Icenhower, PhD, LCSW

SHIELDS for Families, Inc. has been providing services to the entire family unit, with specific programs for children ages 0-18, since opening its first substance abuse program, Genesis, in 1990. Since 2002, over 1200 children have been served in conjunction with their mothers.

This unique model allows the entire family unit to enroll in the program and receive services on site. Currently, SHIELDS offers five family-centered programs located in the communities of Compton and Watts in South Los Angeles. Each program provides substance abuse treatment, child development and youth services, case management, and vocational services at the facility. Families are also able to access housing either on- or off-site, depending on the program, through one of the 126 units of low-income housing provided by SHIELDS. For the past 18 years, completion rates at all programs have averaged between 65%-82%, with the length of stay averaging 18 months.

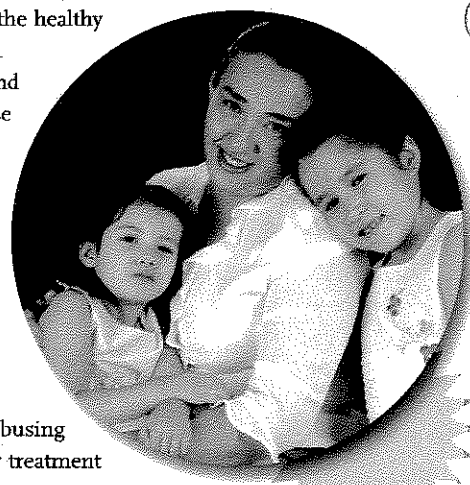
SHIELDS implemented family-centered treatment because we believe that addiction is truly a family disease. All members of the family must have access to services in order to break the cycle of addiction and allow the family to heal and achieve well-being. This article highlights the services we have offered children in our child development and youth programs. A description of program services, along with evaluation results of the past five years, is provided for both components.

## CHILD DEVELOPMENT CENTERS: Children 0-5

### PROGRAM DESCRIPTION

The target population of the Child Development Centers is children 0-5 who have been exposed to substances prenatally or environmentally and who are at high risk for physical, social, emotional, and developmental delays. The primary goal of the SHIELDS Child Development Program is to promote the healthy development, social and emotional well-being, and school readiness of these children through the provision of therapeutic and developmentally appropriate services. In addition, the program seeks to enhance the parenting and child development skills of the substance-abusing mothers enrolled in our treatment programs.

Staffing at each site includes full-time Child Development Workers and a Child Development Specialist. Consultants are utilized to provide specialized services. Children, ages 3-5, with special behavioral needs are referred to the SHIELDS Therapeutic Nursery, which is on-site at the Genesis program location and staffed by two full-time Therapists, a Mental Health Rehabilitation Specialist, a Child Development Specialist, and a Child Development Worker. The Nursery serves a maximum of 16 children utilizing a day treatment model to provide intensive mental health services.





Each SHIELDS Center provides developmental assessments and evaluations for all enrolled children, utilizing the Denver II Developmental Screening and the Ages and Stages Questionnaire. Developmentally appropriate Individual Education Plans are created and implemented for each child. Children are in the Centers for a minimum of six hours per day, five days a week, during the course of their parents' enrollment in treatment. Based on their age and developmental stage, children are divided into three groups—infants, pre-toddlers, and toddlers. Structured lessons are provided daily and focus on specific skill sets appropriate to each age group, with an emphasis placed on the development of gross and fine motor skills and social skills.

Mothers enroll in child development and parenting skills education groups, receiving information and skills to prepare them to better care for and interact with their children. Mommy and Me parent/child interaction classes and parenting education classes are each provided one time per week. Supervised Early Intervention is also incorporated into the mothers' schedules in order to allow them to practice parenting skills in the Center. All families receive in-home visits a minimum of two times per month to ensure that the knowledge gained in the program is transferred to the home environment. Additionally, all participants engage in an in-home literacy program that encourages the ongoing development of the children's language skills and enhanced mother-child bonding.

## EVALUATION RESULTS

Between 2002 and 2007, 461 children (ages 0-5) were enrolled in the Child Development Program. Of these, 96% were ethnic minorities (61% African American; 35% Latino). At admission, nearly one-third (31%) of all enrolled children suffered prenatal exposure to drugs or alcohol, almost one-fifth (19%) had low birth weight, and approximately half (49%) had open Department of Children and Family Services (DCFS) cases.

A total of 436 children remained in services a minimum of 30 days and received at least one developmental screening. On average, over the six-year period evaluated, 85% of the children had scores that fell within the normal range of development upon entry into the program, and 15% of the children were identified with potential delays and referred on for additional assessment and specialized services. The rate of developmental delays identified in the initial assessment continued to decrease over the intervention period, with 24% identified in the first year of data collection decreasing to 5% identified in the last year. This decrease is attributed to the aggressive outreach and early enrollment of families in the program through our

collaboration with DCFS. These efforts have enabled children to remain in the custody of their parents, mitigating the developmental risks associated with separation and loss of attachment and bonding.

From 2002 to 2007, a total of 314 families were enrolled in the Child Development Program. More than 800 in-home parenting visits and 1,000 center-based individual sessions were conducted with parents by the Child Development Workers and Specialists in order to enhance parental ability to implement appropriate developmental activities and interventions. In addition, pre- and post-test results documented that mothers consistently demonstrated an increase in knowledge in the area of child development and parenting skills. At pre-test, mothers had an average score of 75%. After completion of a minimum of 16 weeks of parenting and 16 weeks of child development classes, the average post-test score was 90%, an average increase in parental knowledge of 15%. Moreover, more than 200 mothers completed the requirements for the child development and/or parenting certificates.

Finally, SHIELDS' Family-Centered Programs have been highly successful at achieving low rates of very low birth weight among infants born to enrolled mothers, averaging 4.5% over the last six years, as well as high rates of early entry into prenatal care, averaging approximately 67% over the last six years. Immunization rates among all enrolled children have averaged approximately 80%, and all mothers and children (100%) have been linked to a regular medical doctor and/or clinic. Most significantly, of the 264 infants born to mothers enrolled in the program between 2002-2007, less than 6% had positive toxicology screens at birth.

## HEROS AND SHEROS PROGRAM: Children 6-18

### PROGRAM DESCRIPTION

The Heros and Sheros Program provides after-school and full-day programming (during summer and school vacations) to a static capacity of 300 youth, ages 6-18, whose parents are enrolled in treatment. The goal of Heros and Sheros is to decrease risk factors and to increase protective factors by addressing five risk domains—individual, family, school, peers, and community—through culturally-based programming. Services are designed to increase self-esteem, improve family functioning, increase decision-making and problem-solving skills, improve academic performance, and increase community awareness of challenges affecting youth.

After-school program services include individual and group counseling, mental health services, cultural enrichment, alcohol and substance abuse education, recreational activities, computer training, leadership development, and educational support. Staffing includes a minimum of three full-time Therapists at each site and Mental Health Case Managers.

The Heros and Sheros Program was designed to address the cultural needs of our program youth. Consequently, all of our program activities and materials were developed from a cultural context to meet specific cultural needs. Because our programming is "culture-based and culture-driven," there is a "natural" integration of our support services and prevention strategies with arts and humanities. This might be best exemplified in our activities focused on self-esteem/self-identity development. As opposed to focusing on generic self-esteem development, our program utilizes an ethnic-specific curriculum that focuses on historical and current role models who have life experiences consistent with those of our program participants. Our Winners Curriculum—with a heavy emphasis on reading, writing, and discussions—utilizes literature to provide youth with strong cultural values. Our Pen Pal Writing Program with children from West Africa emphasizes writing and the sharing of ideas and values for self-discovery and illumination. These ideas and values are integrated into African and Salsa dance and drumming classes and youth performances in Juneteenth, Kwanzaa, and Cinco de Mayo celebrations.

In 2002, the SHIELDS' Heros and Sheros Program was specifically recognized by the California Institute for Mental Health's CalWorks (California Work Opportunity and Responsibility to Kids) Program as a model after-school program. The program also has the rare distinction of receiving funding from the Center for Substance Abuse Prevention for three different research-driven, high-risk youth substance abuse after-school prevention programs.

## EVALUATION RESULTS

To ensure that testing data is available on every program participant, youth are tested quarterly. The program's main testing instruments are the SSI (School Sentiment Index), SAI (Self Appraisal Inventory), the CAVS (Children Africentric/Latino-centric Value Scale), and the CRIS (Children Racial Identity Scale). During the 2003 program year, the measures used to gauge program impact on participating youth were expanded to include the Rosenberg Self-Esteem Scale and a Computer Literacy Checklist and Social Skills Assessment Form developed by SHIELDS. In 2004, two additional assessments were added to our testing regimen—a Community Mobilization

(Leadership) Scale and an ATOD Awareness Scale. Finally, in the 2005-2006 program year, a Community Event Survey form was added to our arsenal of evaluation assessments.

Based on the results of our quarterly program assessments, the program has had a positive impact on participating youth: 60% of participants improved attitudes towards school and education; 75% improved their grades in math and English; 77% improved their self-esteem and self confidence; 77% improved their cultural awareness/identity and community mobilization activities; and 80% improved their awareness of substance abuse-related issues in their community and recommitted to live drug-free lives.

## Summary

Since implementation of our first program in 1990, SHIELDS has continued to maintain a strong emphasis on the provision of services for our children. Our evaluation results indicate the significance of providing interventions designed specifically for the children of parents impacted by substance abuse and reinforces the need to make the delivery of these services an integral part of all substance abuse programs.

### Kathryn Icenhower, PhD, LCSW

Executive Director, Shields for Families  
[kicenhower@shieldsforfamilies.org](mailto:kicenhower@shieldsforfamilies.org)

Data for completion of this article provided by:

**Darnell Bell**, Research Director, Shields for Families

**Ronna Montgomery**, Research Analyst, Shields for Families







Helping professionals  
help families affected  
by drugs and/or HIV

## IN THIS ISSUE

Intervening  
with Pregnant  
and Postpartum  
Women with  
Substance Use  
Disorders

Fall 2010  
Volume 20, No. 2

# THE SOURCE



# Strategies for Retaining Pregnant and Postpartum Substance Abusing Women at SHIELDS for Families, Inc.

Charlene K. Smith and Ronna B. Montgomery

*SHIELDS For Families, Inc. is a nonprofit community-based organization providing culturally sensitive, comprehensive services to high risk families in South Los Angeles. SHIELDS offers families an array of support services, including substance abuse treatment, child development and youth services, case management, vocational services, housing, and transportation.*

Perinatal substance abuse programs are the cornerstone of the agency. Genesis, the founding program of SHIELDS, was started in 1990 in partnership with Martin Luther King Hospital after physicians there delivered 1,200 infants exposed prenatally to drugs in one year. Offered in both English and Spanish to clients with a moderate level of substance abuse, Genesis serves 45 families in a day treatment model. The Exodus program serves homeless clients with a long history of substance abuse and is the only program in the United States that allows the entire family to live and participate in treatment together. Forty-five families live in an apartment, community owned and managed by SHIELDS. Other perinatal programs are specially designed to serve women leaving the penal system, women with a dual diagnosis, as well as young women ages 13 to 21 who present with co-occurring substance abuse and mental health disorders.

SHIELDS' Healthy Start Program is a federally funded program aimed at reducing infant mortality and morbidity. Healthy Start annually enrolls 200 substance abusing pregnant and postpartum women with children 0-2 years of age. Participants include clients in our perinatal programs, as well as women with a minor level of substance abuse and women enrolled in other community

perinatal substance abuse programs. Healthy Start provides intensive case management services, health education, perinatal depression screening, and inter-conceptional continuity of care to clients. Approximately 25% of Healthy Start clients are pregnant and 75% are postpartum at enrollment. More than three-quarters (77%) of clients have an open case with the Division of Children and Family Services (DCFS).

## Strategies for Retaining Perinatal Clients

Retention of participants is achieved through a variety of strategies, including:

- \* Providing quality outreach and case management services that respond to specific family needs such as housing, transportation, legal services, income support, etc.;
- \* Enrolling clients in the SHIELDS substance abuse treatment program that meets their particular needs;
- \* Engaging clients through parenting and child development classes, in-home early childhood education, child development services, health education, and on-site vocational services and high school diploma program;
- \* Hiring staff members who are indigenous to the community, are former substance abusers and/or SHIELDS alumni, are familiar with the community and the issues facing program participants, and who can serve as role models and encourage participants to realize they can overcome their challenges and be successful in their life goals;
- \* Providing regularly scheduled family-oriented extracurricular activities and graduation ceremonies; and
- \* Promoting self-empowerment by encouraging participants to join in program planning by becoming involved in SHIELDS' Client Council and Consumer Advisory Board.

## Community Outreach and Case Management Services

Community outreach is essential to identifying and engaging substance-abusing women. SHIELDS Healthy Start outreach workers conduct street outreach by distributing program literature, conducting door-to-door canvassing, and targeting local areas known to be frequented by substance abusing women (parks, alleys, etc.). Outreach staff also works in partnership with a local health program through their mobile van project, and with existing outreach and maternal and child health programs to ensure that women identified with substance abuse problems are linked to the program. Additionally, SHIELDS outreach staff works in collaboration with other SHIELDS staff located in two local Department of Public Social Services offices, the Los Angeles County Juvenile Dependency Court, and the Compton Superior Court. Finally, outreach staff targets WIC sites, DCFS, medical providers, and other social services organizations, including local hotlines and referral agencies.

Outreach workers conduct initial intakes on all recruited clients, identifying and addressing any barriers and/or urgent needs (e.g., food, shelter) the clients may experience while completing the intake process. The outreach worker then transports the client to the SHIELDS Central Intake and Assessment Center the same day or by scheduled appointment. At the Center, further assessments are conducted and the client is enrolled in Healthy Start as well as other SHIELDS substance abuse and mental health services as indicated.

Intensive case management is another key strategy for retaining program participants. Once successfully assigned to a treatment site and enrolled in the Healthy Start Program, clients are assigned a case manager. Case management staff consists of paraprofessionals with a bachelor's degree or extensive experience working in the community. Most are indigenous to the community and in recovery from substance abuse.

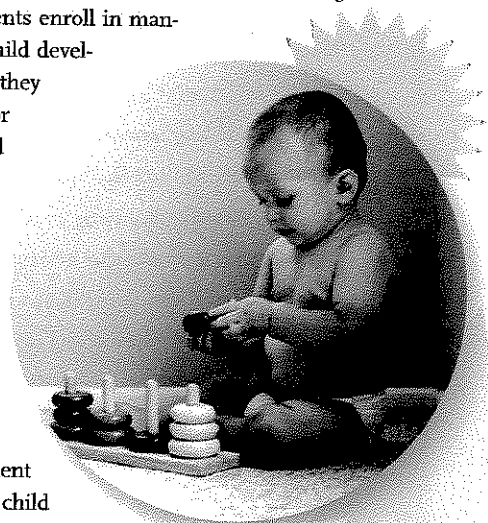
In addition to the initial assessment done on each client, Healthy Start case managers complete a Family Assessment, as well as other risk screening tools. Based on the results of these assessments, a Family Service Plan is developed in collaboration with the client to identify family goals and the services needed to achieve objectives. It is updated every 90 days as a mechanism to monitor a client's progress in the program. Case managers provide participants with a minimum of weekly contact and two home visits per month. High risk pregnant clients receive

more frequent visitation, and case managers transport and/or accompany clients to doctor visits as needed. SHIELDS recently partnered with a federally qualified health clinic (FQHC) in the community that provides high-risk perinatal care for substance abusing mothers and provides direct linkages to these services. As other specific needs are identified, case managers provide internal and community referrals for housing, medical, dental care, mental health services, transportation, vocational and adult education, employment, income support, clothing, food assistance, etc.

Case managers also serve as advocates for clients within the child welfare system, communicating with county social workers regarding their clients' progress, and accompanying clients to court or to team decision-making meetings (TDMs). Clients enroll in mandated parenting and child development classes where they learn essential skills for becoming effective and nurturing parents.

Monitored visits can be held on-site, and once women regain custody of their children, they are provided with comprehensive child development services.

On-site child development centers provide quality child care services while the client participates in one of SHIELDS' treatment programs. In addition to the parenting and child development classes, parents receive center-based parenting training and one-on-one mentoring from on-site child development specialists. Child development specialists also team with case managers to carry out monthly home visits to assist clients and to demonstrate early childhood experiences (ECEs), which ensure practical application of what they are learning in classes. In addition, child development specialists assess the home environment, as well as parenting stress levels. Developmental assessments are performed at enrollment and at a minimum every six months thereafter to identify any potential developmental delays and to make appropriate referrals.





## Case Study

"Carla" was homeless, pregnant, and working at a nightclub when she came to SHIELDS through a referral from DCFS. Her three young children under five had been detained due to allegations of general neglect, and she had been smoking marijuana and drinking alcohol. She immediately stopped using when she enrolled in Healthy Start and committed to keeping her baby and regaining custody of her other children. Her significant other was also enrolled in a SHIELDS substance abuse program, and they were able to access housing and live as a family unit. With the support of SHIELDS, "Carla" began monitored visits with her children and later unmonitored overnight visits. Within three months, she had regained custody of her children. She had no medical coverage or medical home at intake, so her case manager assisted her in accessing quality prenatal care. Her children were enrolled in the child development program and are receiving periodic developmental assessments. "Carla" is receiving mental health services through our Healthy Start therapist (weekly therapy) and is attending classes through the Healthy Start program (drug and alcohol education, relapse prevention, health and nutrition, life skills, parenting, and "Mommy, Daddy and Me" instruction). She has been active in Client Council at the Healthy Start program and has plans to finish her high school diploma and enroll in community college upon program completion. She recently gave birth to a healthy, drug-free baby girl.

## Extracurricular Activities and Advocacy

Finally, SHIELDS offers a multitude of opportunities to engage clients and their families through extracurricular activities and advocacy and leadership training. Annual holiday and multicultural programs include Black History Month, Cinco de Mayo, Family Day Picnic, Al-Impics, and Juneteenth. Quarterly graduation ceremonies are also held, as well as numerous dances, retreats, and outings. Self-empowerment and advocacy is stressed as clients are encouraged to become involved in client councils at each treatment program site and to represent their program at monthly Consumer Advisory Board meetings with SHIELDS administrators to discuss policy and programming issues.

## Conclusion

SHIELDS' perinatal substance abuse programs have average completion rates of 60-80%, among the highest in the country. This is due in large part to SHIELDS' belief in families and their ability to acquire the skills needed to accomplish their goals and become nurturing parents and productive members of the community. To support this process, SHIELDS embraces a truly family-centered approach, providing a full range of culturally sensitive services to meet the unique need of each family member, advocating for families within the community, and providing linkages to service providers who are respectful of families' backgrounds and circumstances. Moreover, SHIELDS strives to build clients' self-efficacy so they can become their own advocates, and provides myriad opportunities to engage clients in family-centered activities that foster a sense of community and build a lifetime commitment as SHIELDS alumni.

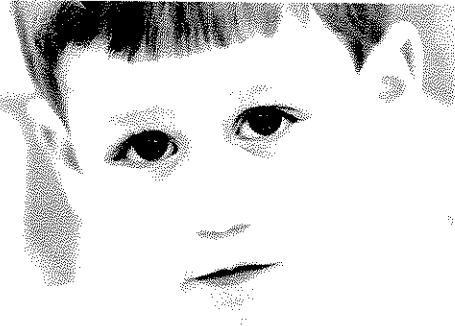
### Charlene K. Smith, MA

Director of Child Development and Healthy Start  
SHIELDS For Families, Inc.  
csmith@shieldsforfamilies.org

### Ronna B. Montgomery, MA, MPH

Research Analyst  
SHIELDS For Families, Inc.  
rmontgomery@shieldsforfamilies.org

**METH AND CHILD WELFARE:**



**Promising Solutions  
for Children,  
Their Parents and  
Grandparents**



requires interventions within the entire family network. "Now, it is increasingly common for both the parent and the youth to be experimenting with or addicted to meth," says Kevin Frank, Regional Administrator for the Montana Department of Public Health and Human Services.

One particularly promising treatment model is comprehensive family treatment, which provides treatment for parents and their children. A 2003 evaluation of 24 residential family-based treatment programs showed successful outcomes for mothers and their children, including 60% of mothers who remained clean and sober six months after discharge. The study also showed that 44% of children were returned to their mothers from foster care. In addition to the benefits they provide to women and children, comprehensive family treatment programs are also a cost-saving alternative to foster care. In New York State, for example, effective family treatment costs \$25,000 per family compared to the \$30,000 average cost to support one child in the foster care system and the \$30,000 cost of incarcerating a mother in a state or federal prison.<sup>52</sup>

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#### CALIFORNIA FAMILY SUBSTANCE ABUSE TREATMENT MODEL REACHES OUT TO PARENTS AND GRANDFAMILIES IN THE CHILD WELFARE SYSTEM

Substance abuse treatment programs understand now more than ever that in order to treat an individual, you have to treat the family. Grounded in this philosophy, SHIELDS for Families is a comprehensive substance abuse treatment program serving the Compton and Watts communities of South Central Los Angeles. With 260 employees and an annual budget of \$15 million dollars, SHIELDS provides programs in multiple sites that include substance abuse programs, mental health programs, family and adoption support, family preservation services, a community assessment center, a vocational services center, 16 vans for transportation, and a food bank.

"Grandparents and other relative caregivers are integrated into every aspect of the services we provide," says Dr. Kathryn Icenhower, the program's executive director. "From serving grandparent caregivers who are struggling with addiction themselves to teaching relatives how to support a child's reunification with the parent, paying attention to the family is at the heart of everything we do."

With one of its most comprehensive services, SHIELDS operates 126-units of low-income housing at three apartment complexes. The Exodus Program is located at Keith Village and provides comprehensive substance abuse treatment to approximately 45 families. Each year, the program serves approximately 60 women and 250 children who stay in the community facility for periods that vary from a year to 18 months. On-site programs include a treatment program, a child development center, a program for youth, a playground, and a community room. Of those parents who enter the program, 83% have an open case with child protective services, although 43% have custody of at least some of their children.

In addition to providing supportive services to other family members and significant others, the Exodus Program helps parents learn better parenting skills, achieve economic and social self-sufficiency and find housing to help keep their families together with the support of extended family members and the broader community. Upon program completion, an average 80% of those women who complete the program remain drug free at 6 and 12 months post-treatment. The completion rate has remained between 65 and 75 percent for the past 12 years.

In the family treatment program, I knew that my wife and children were safe and healing. That really eased my mind. I could focus on my treatment. But I could also heal with my family.

— DARREN NOBLE, OHIO  
FATHER IN RECOVERY  
FROM METH ADDICTION

# •therapeutic communities



• international journal of therapeutic communities

• 29, 1, spring 2008

# **Family-Centered Therapeutic Community Treatment: The SHIELDS for Families' Exodus Program**

Kathryn Icenhower

*ABSTRACT: The SHIELDS' Exodus Program, is a family-centered therapeutic community where the entire family resides in individual family apartments in an 86-unit complex with all services offered on-site. National and local evaluation has been conducted since program implementation in 1994. Results over the past five years include an 81.2% completion rate and an average length of stay of 646 days.*

## **Introduction**

The SHIELDS for Families' Exodus Therapeutic Community is a unique model, in which comprehensive family-centered treatment, follow-up and related social services are provided within an 86-unit apartment complex. It is currently the only program in the United States that allows for the entire family unit to live in the treatment environment in individual family apartments. Treatment, child development and youth services, case management and vocational services are offered on-site at the facility. A maximum of 45 families are active in treatment at any given time. After completion of treatment services (12-24 months), families are able to remain in their housing for a transitional period of up to one year, allowing for adequate time to develop vocational, educational and/or supportive systems necessary for ongoing recovery and family maintenance. This article describes the treatment model, the array of primary treatment interventions, and the parallel services provided to children and youth.

## **Treatment model**

The Exodus Program accepts clients from throughout Los Angeles County; however, clients primarily come from the Compton and Watts communities in South Central Los Angeles where the program is located. The majority of clients are referred by the Department of Children and Family Services (45%) or are self-referrals (25%). Currently, approximately 55% of the clients are African-American and 43% are Latina. The primary drugs of choice are cocaine and

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Kathryn Icenhower PhD is the Executive Director of SHIELDS, Los Angeles, California, USA 90061. E-mail: [kicenhower@shieldsforfamilies.org](mailto:kicenhower@shieldsforfamilies.org)

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methamphetamine, with marijuana as the secondary drug of choice. One hundred per cent of clients are homeless on admission; less than 50% have a high school diploma; and 95% have experienced significant trauma in their lifetime including physical and sexual abuse and domestic violence.

Upon admission to the program, clients sign a contract for treatment services and a lease agreement for their housing. Women who lease apartments assume responsibility for payment of rent. Comprehensive psychosocial assessments are conducted on each woman and their family members within 30 days of admission. Psychosocial assessments include: family, drug history, medical, legal, vocational, education and mental health information. Additionally, clients receive medical, psychological and vocational assessments, as well as psychiatric evaluations when indicated. A treatment plan is developed by the primary counselor and the client along with her family and/or significant others, in conjunction with the multidisciplinary treatment team. Treatment plans are reviewed and updated every 90 days for the length of the program. Clients are provided and/or referred to services as indicated through the development of the treatment plan to ensure the comprehensive needs of families can be met. Clients are maximally involved in all aspects of their treatment plan and program services. As clients progress through the program they are provided with the opportunity to serve as peer counselors for new clients. Clients are also asked to participate in program planning to ensure that services provided are sensitive and relevant to their needs.

### **Treatment services**

The provision of adequate, comprehensive, family-focused services assists in providing the elements necessary for the family to survive. Maximum client participation, flexibility, availability and accessibility of services assist in client retention in the program. The comprehensive services provide families with a supportive framework in which to grow and develop, while providing essential services to ensure healthy outcomes for mother and child. Services include the following.

- Individual counseling sessions are designed to allow the primary counseling staff to evaluate the total patient status (strengths and problems), assist the client (in conjunction with the treatment team) with individualized recovery, aftercare and discharge planning, facilitate program interpretation and understanding, provide crisis intervention and facilitate problem solving. All clients receive individual counseling at a minimum of once per week. Crisis intervention services, as well as a 24-hour hotline, are available for clients in order to address situations which present an imminent risk to the client and/or her family.
- Experts who have studied families with a problem of addiction have discovered that these families react to the situation in more or less the same way. The dysfunction these families experience is commonly referred to as co-dependency. Leaders in the field have identified that the entire family is

in need of recovery, in addition to the addict. Additionally, the recovery of the client is often dependent upon the recovery of the entire family unit and their understanding and awareness of this disease. Family counseling sessions and family education groups are provided at a minimum of once per week.

- Group counseling sessions focus on assisting the clients and family members in dealing with psychological, social and economic issues that contributed to or may have developed as a result of the client's substance abuse. The groups are designed to provide participants with an environment conducive to self-examination and change and to obtain objective and non-judgmental feedback on their behaviours, attitudes, feelings and methods of relating to themselves and others. Groups focus on a variety of issues including self-awareness, self-worth/self-esteem, self-discipline, social skills, sensitive treatment issues as they relate specifically to women, including child and/or adult physical abuse and/or sexual abuse, and acceptance of counseling for problem areas. Program services include the following groups: women's issues, trauma, grief and loss, sexual abuse and domestic violence.
- A full range of mental health services is provided on-site by three full-time therapists. This includes individual, group and family therapy, psychological and psychiatric evaluations and medication support.
- Case management is an interactive, interpersonal process that involves: (a) identifying, accessing, referring, and linking services; (b) organizing and integrating a set of services for each client family; (c) increasing accessibility of services; (d) sharing information about services and the client among and between providers involved with client/family using a team approach; and (e) negotiating and bargaining for services on behalf of the client family.
- Training is provided to help develop skills in the areas of problem solving, stress reduction, life management (including financial planning and social skills development) and time management.
- Educational groups are presented to all clients on health and nutrition, HIV/AIDS, tuberculosis, STDs, drugs and alcohol, as well as family planning. Topics include general health education and hygiene (with an emphasis on women's and children's issues), drug and alcohol abuse education, relapse prevention and recovery issues, nutrition, and HIV/AIDS education.
- Family dynamics or issues are significant problems for women in treatment. They are often precursors for relapse for the mothers and behavioral and school problems for the children. To respond to the issues that arise with the reunification process, a family-focused group is provided specifically for those families who are entering into or preparing for reunification.
- Substance abuse affects the entire family of the identified client. Therefore, in order to treat the client the entire family must be treated. Family members, including children, are offered the opportunity to participate in family therapy. In addition, significant others are provided with an on-site weekly support group and/or individual counseling. Referrals are provided to family members for services not provided by SHIELDS. In addition,

children of clients, whether in their custody or not, are given the opportunity to participate in child development or youth program services.

- Relapse prevention strategies are integrated into the educational curriculum provided at the apartment complex, as well as being an integral part of individual and group counseling. Specific relapse prevention groups are provided at a minimum of once per week.
- The Client Council is a segment of the client population whose purpose is to represent all clients in treatment. The Client Council helps to build, shape and formulate some of the program policies as they relate to daily client procedures, rules, and cultural sensitivity and responsiveness of the project. The major purpose of this collective body is to promote ownership and to enhance accountability of client participation in the program. The Client Council meets weekly. Clients elect an Executive Board and manage the meeting. Issues, recommended changes and concerns are then presented to the program administrative staff. Representatives from the Client Council are elected to represent the program on the SHIELDS Consumer Advisory Board. The Consumer Advisory Board meets with the Executive Director on a monthly basis. They are responsible for assisting with policy development and agency-wide activities.
- Aftercare is essential to the long-term accomplishment of the goal of reintegration with society at large. Although clients show significant improvement during treatment, their gains tend to decrease in the time period following, since support and supervision are no longer immediately available. Lifetime aftercare services are provided which include support groups, self-help groups and participation in the alumni organization. Aftercare assists in the reduction of relapse by providing a mechanism for the client to receive follow-up from the program, in addition to assistance in accessing community services as needed.

### **Child development, youth and educational/vocational services**

The Child Development Center is located on-site at the Exodus Program. The target population is children 0-5 years of age, exposed to substance abuse prenatally or environmentally, who are at high risk for physical, social, emotional and developmental delays. The primary goal of the Child Development Program is to promote the healthy development, social and emotional wellbeing and school-readiness of these children through the provision of therapeutic and developmentally-appropriate services. Staffing includes five full-time Child Development staff and a Child Development Specialist. Consultants are utilized to provide specialized services. Children with special behavioral needs are referred to the SHIELDS Therapeutic Nursery for more intensive mental health services. SHIELDS provides developmental assessments and evaluation for all children enrolled in the program. Developmentally-appropriate intervention plans and activities are designed and implemented for each child. Child development and parenting skills education groups are presented to mothers

for the purpose of providing the clients with information that will assist them to be better prepared to care for and interact with their children. 'Mommy and Me' parent/child interaction classes and parenting education classes are each provided one time per week.

The Exodus 'Heros and Sheros' Program provides after-school and full-day programming (during summer and school vacations) to a static capacity of 200 youths, aged 6-18, whose parents are enrolled in treatment. The goal of 'Heros and Sheros' is to decrease risk factors and to increase protective factors by addressing five risk domains: individual, family, school, peers and community. Services are designed to increase self-esteem, improve family functioning, increase decision-making and problem-solving skills, improve academic performance and to increase community awareness of negative factors affecting youths. After-school program services include Individual and group counseling, mental health services, cultural enrichment, alcohol and substance abuse education, recreational activities, computer training, leadership development, and educational support. Staffing includes six full-time mental health case managers and a supervisor.

Employment and vocational training services are designed to prepare individuals to be financially independent by providing a variety of services that include: remedial education, high school diploma program, employment preparation, computer training, job placement, certificate training programs in fiber-optics, child development, alcohol and drug counseling, culinary arts, office management and medical billing. Completion of a high school diploma and a reading level of 10<sup>th</sup> grade is a requirement for program completion.

## Outcomes

Since the program was implemented in 1994, outcome data have been closely monitored. During the initial stages of the program (1994-1999), Exodus was part of a national evaluation through the Center for Substance Abuse Treatment, in addition to a local evaluation through SHIELDS. National evaluation results established the program as a best practise model for the Federal Government in 2001. Evaluation outcomes of the program over the past five years (2002-2007), conducted through SHIELDS Research Division, include:

- an 81.2% completion rate (national average=25%)
- family reunification rates of 85%
- an average of 646 days in treatment (national average=less than 90 days)
- all clients obtained a high school diploma.

In the past five years, a total of 236 children (95%) have received at least one developmental screening. Overall, 85% of children received scores that fell within the normal range of development and 15% of children were identified with potential delays and referred for additional assessment and specialized services. Evaluation outcomes of the child development component include:

- increase in parental knowledge of child development and parenting skills with parents scoring an average of 90% on post-test scores
- over 200 parents received completion certificates for parenting and child development classes
- success in ameliorating rates of Low Birth Weight among infants born to enrolled mothers (average=4.5% over the last six years, 0% in the last year)
- high rates of entry into prenatal care (average=67% over the last six years, 72% in the last year)
- immunization rates among enrolled children averaged 80% in the past five years
- of a total of 264 infants who were born in the program in the past six years, less than 6% had positive toxicology screens.

Outcomes for 'Hero and Shero' youths have been monitored through the use of seven standardized assessments, which are administered on a quarterly basis. Results indicate that the program has had a positive impact on participating youths:

- 60% of participants improved attitudes towards school and education
- 75% of participants improved grades in Mathematics and English
- 77% of participants improved self esteem and self-confidence
- 77% of participants improved cultural awareness/identity and community mobilization skills
- 80% of participants improved awareness of substance abuse-related issues and made a commitment to live drug free.

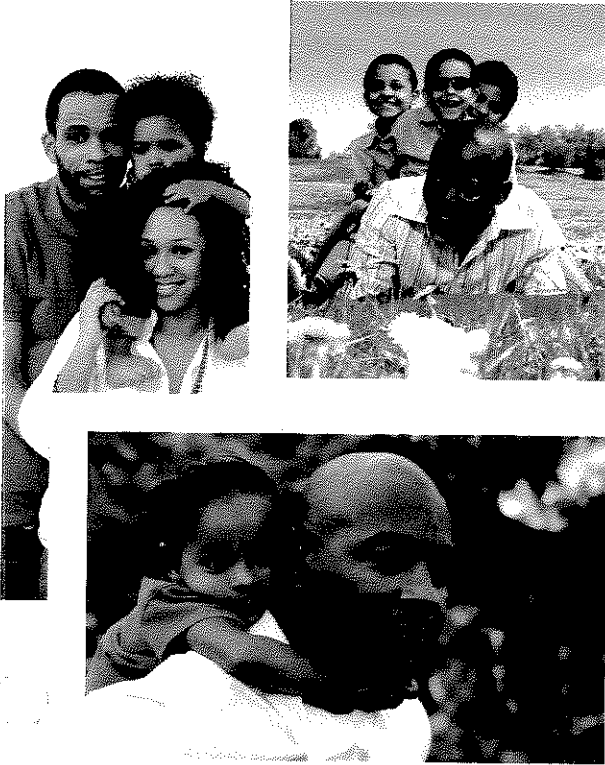
## Summary

The problems and issues that substance-abusing women face are related equally to their gender and their addiction. For such women the effects of addiction are far reaching. Not only are their personal lives affected dramatically in terms of physical, social, emotional and interpersonal dysfunctions, but also - and sometimes even more devastating - are the effects on their unborn fetuses and the growth and normal development of their children. Treatment services are needed that demonstrate effectiveness in addressing these issues holistically, by providing comprehensive, collaborative, culturally-sensitive, community-based and family-focused substance abuse treatment programs that address substance abuse as a chronic, relapsing disorder that is biopsychosocial in nature. When services are provided in this manner, we are not only ensuring successful outcomes for the women we serve but for our future generations.





Champions For Our Children



Published on First 5 LA (<http://www.first5la.org>)

**B**ig child abuse cases, like the Penn State scandal or the claims arising out of alleged misconduct at Miramonte Elementary School in South Los Angeles, grab headlines and spawn preventative policy measures. State Assemblymember Ricardo Lara [1] (D-South Gate), was one lawmaker so incensed by these cases, he was moved to not only help create new laws, but share his own story of child abuse.

Speaking at the First 5 LA Panel Discussion on Child Abuse Prevention, Lara said it was difficult to talk about his history publicly, but that he knows he is the "exception" when it comes to outcomes for child abuse survivors. And because of that, he wants to use the voice he has to talk to kids, educators, parents and families about protecting against abuse and neglect. "I wanted to do everything I could to stop this from happening to any child ever again," he said at the Sept. 28 panel.

## First 5 LA Panel Discussion: Child Abuse Prevention



Lara shared with the more than 100 attendees his work on a Los Angeles Unified School District [2] audit committee, the results of which are expected to be released in November. He has also worked on state legislation that aims to review teacher dismissal practices, revoke nonprofit statuses for organizations that fail to report child abuse [3] and expand the list of mandated reporters and their responsibilities.

Meanwhile, at the federal level, U.S. Rep. Karen Bass [4] (D-Los Angeles) said there is a "great ideological battle" happening in the halls of Congress that will determine how issues like child abuse prevention will be addressed through legislation and the budget. Despite the partisanship, Bass said both sides come together when it comes to issues regarding children. This, she said, leaves her optimistic that, in light of the deficit and the looming threat of sequestration [4], lawmakers will be able to pass a budget. She urged everyone to pay attention to the politics and the campaigns, and make their voices heard.

Speaking on child abuse issues closer to home, Los Angeles Superior Court Judge Michael Nash, the presiding judge of the Dependency Court, said there are 26,000 children under the court's jurisdiction because of abuse and neglect. The caseload continues to increase, stretching resources for the court, social workers, attorneys and the Department of Children and Family Services thin, he said.

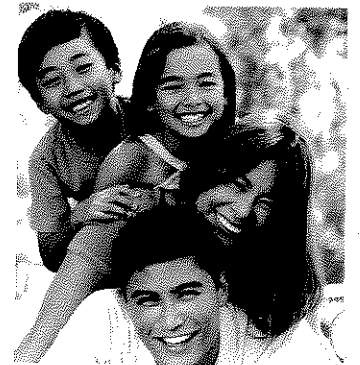




State Assemblymember Ricardo Lara was so incensed by child abuse cases like the Penn State scandal that he was moved to not only help create new laws, but share his own story of child abuse. Lara said it was difficult to talk about his history publicly, but that he knows he is the "exception" when it comes to outcomes for child abuse survivors. **"I wanted to do everything I could to stop this from happening to any child ever again."**



Philip Browning, director of the DCFS [5] and a First 5 LA commissioner, announced that his department just released a new strategic plan [6] that focuses on communication and information sharing - which he called the "biggest problem" Los Angeles County faces in terms of preventing child abuse and neglect. "Information is power," Browning said. "If we share it, we'll all do a much better job."



Dr. Kathryn Icenhower [9], chief executive officer for SHIELDS for Families [10], talked about the role of community-based organizations in child abuse prevention. Details about her presentation can be found here [10].

Zev Yaroslavsky, who chairs the L.A. County Board of Supervisors and the First 5 LA Commission, welcomed the panelists and called child abuse prevention a worthy public policy objective. "Nothing drives me more nuts than to see children suffer," Yaroslavsky said.

Giving some historical context to the issue, Deanne Tilton Durfee, executive director of the Los Angeles County Inter-Agency Council on Child Abuse and Neglect [7] and a First 5 LA commissioner, said child abuse really only became an issue in 1860. That's when a French physician, Ambroise Tardieu [8], documented it for the first time in medical literature. In the U.S., it wasn't until the 1960s that the first reporting laws were enacted, she said.

Tilton Durfee also said information sharing could help prevent some of the nearly 3 million child abuse and neglect cases in the U.S. each year - including the approximate 2,000 related fatalities.

Source URL:

<http://www.first5la.org/articles/first-5-la-panel-discussion-child-abuse-prevention>

Links:

- [1] <http://asmdc.org/members/a50/biography?layout=item>
- [2] <http://asmdc.org/members/a50/newsroom/press/item/2736-lara-targets-lausd-for-jlac-audit>
- [3] <http://asmdc.org/members/a50/newsroom/press/item/2723-lara-seeks-to-strip-nonprofits-of-tax-exempt-status-if-convicted-of-covering-up-sexual-abuse>
- [4] <http://karenbass.house.gov/>
- [5] <http://dcfs.lacounty.gov/>
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- [7] <http://ican4kids.org/>
- [8] [http://en.wikipedia.org/wiki/Auguste\\_Ambroise\\_Tardieu](http://en.wikipedia.org/wiki/Auguste_Ambroise_Tardieu)
- [9] <http://www.shieldsforfamilies.org/?p=2>
- [10] <http://www.shieldsforfamilies.org/>



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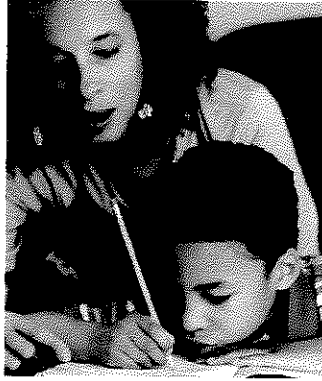
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FAX 323.242.5011

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## SHIELDS Featured on SAMHSA Road To Recovery



Los Angeles, (SHIELDS) June 8, 2012 - SAMHSA selected SHIELDS for Families to be featured on their "Road to Recovery" Television Series. The episode was titled "Families Are the Frontline: Preventing, Treating, and Recovering From Substance Use and Mental Disorders" and focused on the vital role families play in substance abuse prevention, treatment and recovery in behavioral health.

In a discussion led by Ivette Torres, M.Ed., M.S., the episode featured SHIELDS for Families Exodus program as an example of an organization that integrates new approaches to reduce the number of individuals that lose their children as well provide comprehensive services for families in need of treatment. Exodus is a family-centered treatment program where the entire family resides in an individual family apartment within an 86 unit complex with comprehensive on-site services that meet the needs of homeless substance abusing women and

their families. It is currently the only program in the United States that allows for the entire family unit to live in the treatment environment in individual family apartments while attending treatment with services including counseling, child development services, youth programs, individual therapy, educational groups, case management, and educational and vocational services.

Greta Brown Linda Brown of EMT Associates, Inc. interviewed on-site staff members and alumni who gave their perspectives on the benefits of family centered treatment and developing positive support systems. Sonia Heard, Alumna says "Having a place to live and being around other families that are like ours is very helpful. Because I feel like we get to help each other and it's not just me getting help. I see that I'm not alone." Patricia Alba, LCSW, Clinical Coordinator for the Substance Abuse Division goes on to say, "One of the things we try to do as early on as possible is to try to have our clients develop a real positive support system. Whether it be through church, through meetings, through other peers here at the program, reconnecting with other family members, I think that's definitely the first step." Sally Tapia CATC (Substance Abuse Counselor), Charlene K. Smith M.A. (Director of Child & Youth Services), Da-Londa Groenow, M.A. (Substance Abuse Administrator), Dumetreeus Heard (Alumna Spouse), Greta Brown (Alumna) and Danielle Lowe (Program Manager, Heros & Sheros Program) were also interviewed for this episode.



**"I would say the most important thing about my recovery is that there is hope, there is help."**

Greta Brown, SHIELDS for Families Alumna

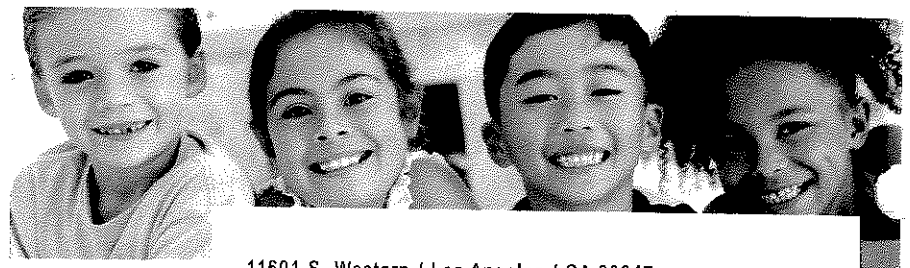


A strong family support environment is a proven protective factor in the prevention of mental or substance use disorders just as strong family support is critical in treatment and recovery. The Exodus program tries to break the cycle of addiction in which the child follows the parent into addictive behavior through culturally sensitive family centered treatment models. Family members are offered the opportunity to participate in family therapy, parenting and educational groups. In addition, significant others are provided with an on-site weekly support group and/or individual counseling. Children and adolescents are provided mental health and substance abuse services through our on-site Child Development Center as well as our Heroes & Sheras program which integrates its programming within Exodus's treatment model.



SHIELDS is appreciative of the Substance Abuse and Mental Health Services Administration (SAMHSA) and any association dedicated to improving the lives of members of our community with the mission of empowering and advocating high-risk families.

The entire episode originally aired on June 4th and is now available for internet download: <http://www.recoverymonth.gov/Multimedia/Road-to-Recovery-Television-Series.aspx>.



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TEL 323.242.5000

FAX 323.242.5011

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## Senate Caucus Highlights SHIELDS Family Centered Treatment



complications could arise with women who seek treatment whereas their admission to substance abuse could lead to the loss of their children via the criminal justice system.

SHIELDS Exodus program is the only program in the United States that allows entire families to live in the treatment environment in individual family apartments. According to the report, "Studies show that mothers in family-based substance abuse treatment programs were more likely to stay drug-free as compared to those who lost or voluntarily gave up custody of their children. Both the emotional rewards and tangible success at SHIELDS were apparent. Evaluations show that over 80 percent of SHIELDS residents complete the program, compared to a national average of only 25 percent; 38 percent are reunified with their families; residents receive an average of 646 days in treatment – well above the national average of 90 days; and all clients obtain a high school diploma."

Drug abuse in the United States costs our country \$193 billion a year in preventable health care, law enforcement and addiction expenses and poses a major public health challenge. The Caucus believes that treatment centers like SHIELDS' Exodus program that specifically address the challenges faced by women seeking substance abuse treatment would be beneficial in reducing drug use.

Exodus Program..... <http://bit.ly/17juZMI>  
The Senate Caucus on International Narcotics Control ..... <http://bit.ly/1arkcR0>

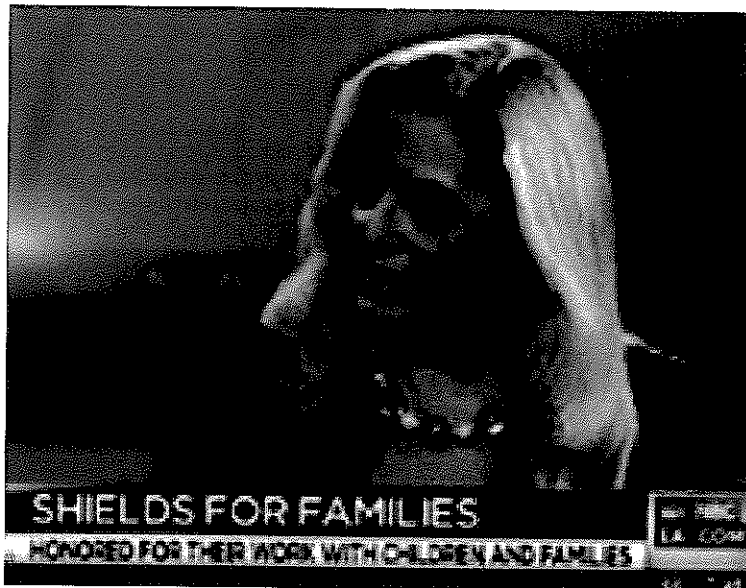
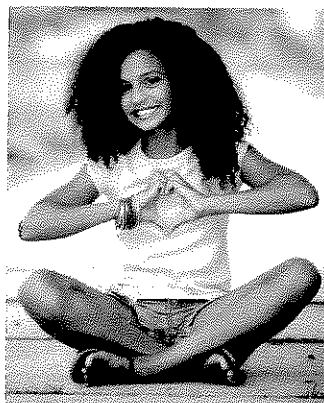
Los Angeles, CA (SHIELDS) June 12, 2012 - SHIELDS For Families is highlighted in a recent study conducted by the Senate Caucus on International Narcotics Control. The report provides a number of recommendations for Congress and the Obama Administration to decrease the massive U.S. demand for Illegal Drugs and highlights SHIELDS provision of family based substance abuse treatment models and their effectiveness in families' rehabilitation process.

The Caucus, comprised of Senators Dianne Feinstein (D-CA), Charles Grassley (R-IA), Tom Udall (D-NM) and John Cornyn (R-TX), authored "Reducing the U.S. Demand For Illegal Drugs" which surveys the scope of illegal drug use nationally and abroad as well as proposes strategies to prevent illegal drug use in the U.S. The study acknowledges the challenges faced by women affected by substance abuse due to traditional treatment programs not allowing for the inclusion of children. This poses a dilemma for women who are in need of both treatment and child care. Furthermore,





## SHIELDS Kathryn Icenhower Featured on NBC



**S**HIELDS For Families Co-founder Dr. Kathryn Icenhower joined Lucy Noland on Nonstop News LA on June 13, 2012, to discuss how SHIELDS has been battling poverty and substance abuse since 1991 in some of the most challenged communities in Los Angeles. The interview highlighted the cocaine epidemic in the late 1980's that hit South Los Angeles, particularly the Watts and Compton areas.

With over 1,200 substance exposed infants being born every year at King Drew medical Center and no services available in the community at the time, SHIELDS was created to provide treatment models that would allow women to take their children into services with them as opposed to their babies being removed from the family unit and entering into the Foster care system.

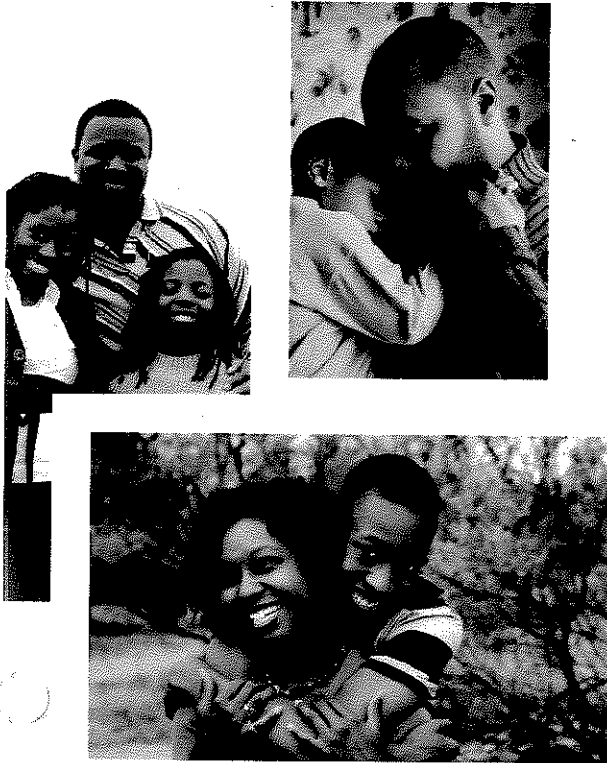
Kathy went on to explain the benefits of Family Centered Treatment models, "Addiction is a family disease. It does not just affect the person that is using, it affects the entire family. We can't separate a mother from being a mother when she goes through the treatment process. We were the first program in the country, and the only program still in the country, that allows a mother to bring her entire family into treatment."

Over the years, SHIELDS has grown to accommodate thirty seven programs that provide comprehensive mental health, substance abuse, child welfare, vocational and supportive services to the community.





*Champions For Our Children*



*Published on First 5 LA (<http://www.first5la.org>)*

**C**ommunity-based organizations working to prevent child abuse and neglect get hit hard in times of financial strain, according to Dr. Kathryn Icenhower, chief executive officer of SHIELDS for Families.

"Whenever there is a budget deficit, prevention goes out the window - that's the first thing that gets cut," Icenhower said at the Sept. 28 First 5 LA Panel Discussion on Child Abuse Prevention [0]. "It has impacted everything that we do."

Icenhower said the role of community-based organizations, or CBOs, is to be knowledgeable about its community's families, strengths, challenges, resources - among other things; to be flexible in integrating services, leveraging resources and responding rapidly and to be an advocate for policy and legislative change, especially concerning the child welfare system.

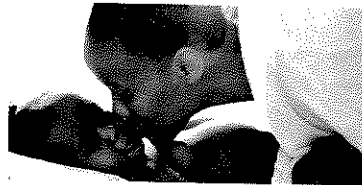
## **CBOs Working To Prevent Abuse and neglect by Budget Cuts**



The budget deficit creates multiple challenges for CBOs, especially those dependent on one funding source, she said. Smaller agencies can't survive cuts that eliminate operational costs and do not have the resources to respond to audits, evaluations, outcome data and such, she added. Larger agencies end up spending less money on resources and more to justify expenditures and programming decisions. Icenhower criticized accountability requirements, which may be essential, but can overburden agencies with requisites - especially unfunded ones or those that force the use of evidence-based practices that may not reflect the needs of the community.

She recommends some changes for funders and government sources of money:

- Talk to each other. Stop working in "silos" and find out what others are doing to maximize resources.
- Creative funding. Develop ways to blend, match and integrate funding streams to decrease administrative costs and oversight and maximize resources.
- Sustain services. Instead of re-issuing requests for proposals, which carry a high cost and disrupt services, monitor the services already in place. Provide technical assistance or eliminate CBOs not performing well.



"Whenever there is a budget deficit, prevention goes out the window - that's the first thing that gets cut. It has impacted everything that we do."

Kathryn Icenhower at the Sept. 28 First 5 LA Panel Discussion on Child Abuse Prevention

- Support accountability. Pay for evaluations and training if you require it and re-evaluate unrealistic expectations.
- Listen to the community. Develop services systems to match the needs expressed by community leaders, families and CBOs.
- Work with the community. Provide technical assistance and support to agencies instead of letting them fail, and encourage agencies to work together.
- Advocate for finance reform in child welfare. Let lawmakers know that a funding system based on removing children from their homes is not effective or appropriate.

Source URL:

<http://www.first5la.org/articles/cbos-working-to-prevent-child-abuse-and-neglect-impacted-by-budget-cuts>



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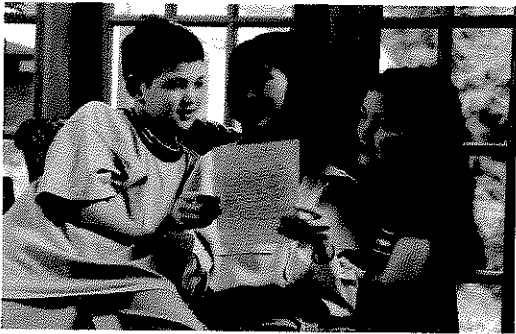
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## First 5 LA Panel Discussion: Child Abuse Prevention



*Published on First 5 LA (<http://www.first5la.org>)*

In Los Angeles County, more than half of the nearly 20,000 children placed in a formal foster care arrangement by DCFS are cared for by a family member, also known as, Kinship Care.

According to the Department of Children and Family Services (DCFS), in South LA there are 2,500 children in formal Kinship Care with thousands more being cared for informally (outside of the child welfare system) by their relatives. Community Coalition reports that 54% of children DCFS places with family members are Latino while 31% are Black - although Black children comprise only 8% of the total county child population.

Relative caregivers are advocating for continuous support of Kinship Care in South LA through the creation of the Kinship in Action Program (KIA). The seeds were planted by Community Coalition and the

efforts have taken root by way of a movement complete with loyal and self-sacrificing members. These members are dedicated to fighting for more resources for relative caregivers as well as improving family care in South LA.

Addressing the barriers families encounter to services, Community Coalition is organizing, training and supporting relative caregivers to obtain a Kinship Care Center in South LA, as there are currently none to support the families.

Based on research done by Community Coalition, South LA Kinship caregivers have identified mental health issues - and the lack of accessible / quality mental health services - as one of the leading causes of stress and instability within their families. Furthermore, caregivers want clinicians who are trained to understand the distinctive needs and challenges facing this group.



"Based on research done by Community Coalition, South LA Kinship caregivers have identified mental health issues - and the lack of accessible / quality mental health services - as one of the leading causes of stress and instability within their families. "



Community Coalition has commissioned SHIELDS for Families, Inc. (SHIELDS) to provide an additional necessary branch to the improvement of family care through the provision of quality mental health services offered to the community and relative caregivers.

SHIELDS provides individual, family and group therapy services as well as workshops that address: wellness, parenting, child development, trauma, grief and loss, stress management, emotional support and DCFS navigation in addition to many other services. SHIELDS also facilitates a variety of support groups for the families as well as caregiver-centered events. Most recently, families participated in a fun and successful Halloween/ Día de Los Muertos gathering and this month a Thanksgiving celebration.

Community Coalition and SHIELDS are equally committed to the advancement of the communities that they serve and have partnered to assist in cultivating the growth of this exciting and healthy branch for the community and a new leaf on the tree of success for relative caregivers.

If you are a caregiver or know of any caregivers who are in need of English or Spanish-speaking Kinship Care assistance, please contact:

**SHIELDS for Families**

*Artia Thomas-Brooks, MFTI*

310.668.8311

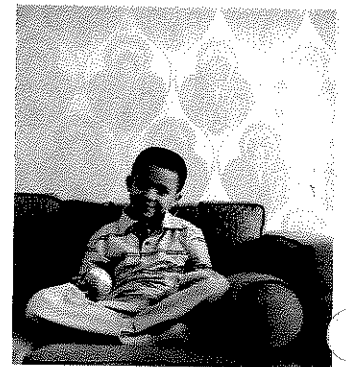
[athomas@shieldsforfamilies.org](mailto:athomas@shieldsforfamilies.org)

**Community Coalition**

*Melody Darden*

323.750.9087

[www.cocosouthla.org](http://www.cocosouthla.org)



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11601 S. Western / Los Angeles / CA 90047

TEL 323.242.5000

FAX 323.242.5011

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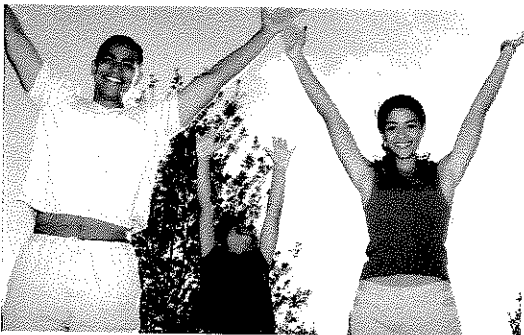
## NRCPFC Spotlights SHIELDS Child Welfare Services



**P**roviding prevention services for child abuse and neglect costs less financially and emotionally. Prevention has better long-term outcomes than removing children from the home. Watch/listen to this webcast that discusses the successful networks, programs and services that help strengthen families and keep them together, including SHIELDS for Families.

The free webcast, which was filmed at the Magnolia Place Family Center in Los Angeles, California, focused on community-based initiatives to prevent child abuse and neglect by meeting the needs of families. National Resource for Permanency and Family Connections (NRCPFC) Director Dr. Gerald P. Mallon spoke with administrators, staff, and parents who are a part of the Prevention Initiative Demonstration Project (PIDP) in Los Angeles about their experiences with this approach. Presenters explored how neighborhood-based agencies/centers can partner with each other and with families to become an integrated, positive part of community life. Presenters discussed the following three strategies to support positive outcomes for children, youth, and families: decreasing social isolation by connecting families to each other; addressing issues of economic security; and increasing access to available resources.

Full webcast can be found at <http://bit.ly/17LQ80I>





# Los Angeles Times

**Class on parenting becomes a journey through loss, grief and hope**  
Retired principal Sydnia McMillan was overwhelmed by the troubles and tragedies of the women in her class. Then one day she began talking about her own loss.



Their teacher, Sydnia McMillan, silently passed out tissues.

By Jessica Garrison, Los Angeles Times

**R**oshawne Mackey walked into the Jordan Downs community center clutching a pink pamphlet from a funeral over the weekend, her face like stone.

Her niece had been 11 — a diabetic who wasn't given her insulin shots. The dozen or so women in the parenting class listened as Mackey described how the little girl used to make backpacks out of cereal boxes, how she'd adored Hello Kitty. Mackey's expression remained stoic, but tears slid from her eyes.

Within minutes, most of the other women were crying too. Across from Mackey, Veronica Hale put her head down on the scratched laminate table and wept for her 4-month-old girl, who had recently died in her sleep. Another woman spoke of her two sons, killed years before in separate murders. Jamie Drear thought of her boy — still alive, but locked in a state mental hospital for an assault committed during a schizophrenic episode.

A retired elementary school principal in her late 50s, she'd been hired to give parenting tips to mothers at the rundown housing project because of her expertise in education. With a master's degree, a comfortable home in Inglewood and a close-knit family of high-achieving children, she inhabited a different world.

How could she hope to help these women? Only four months into the job, she felt overwhelmed by the unplanned pregnancies and meager job skills, the violence, disease and unnecessary death. In her first weeks of work, she met three mothers who had lost more than one son to murder.

Staring at her sobbing students, she had an idea. "Today we're going to talk about the process of grief and loss," the teacher said.

I too have lost a child, she said softly. Like you, I know what it's like to feel sorrow so heavy I can't imagine rising from bed in the morning.

Often over the next eight months, the women in her class would think back to the lesson she offered that day, as they set about trying to change their lives.



McMillan is among about two dozen teachers, social workers and others who descended upon Jordan Downs last March as part of an unprecedented campaign to transform the Watts project from a long-standing hub of violence and poverty into a safe and appealing community that can draw in wealthier residents.

The plan, which will depend heavily on millions of dollars in still-uncertain federal funding, calls for replacing the shabby buildings with condominiums, apartments, fresh lawns and gardens.

McMillan's job is to help prepare the way.

Her class for English-speaking mothers meets every Monday morning, sometimes with more than 10 women gathered around the table, sometimes with as few as three. Like McMillan, all of her students are African American. Some have lived in Jordan all their lives.

On paper, the curriculum is standard stuff: instruction on the importance of family rituals and early literacy, advice on getting kids to eat their vegetables and heed the rules. In reality, the lessons often veer into edgier territory.

A conversation on conflict resolution, for instance, morphed into a back-and-forth over a 24-year-old woman's brawl with her boyfriend's new girlfriend — in front of their kids.

The young woman had come to class with a black eye and a profane new tattoo across her knuckles, boasting of her toughness.

"Have you learned anything in this class that will help you?" McMillan asked.

The woman nodded. "I can walk away."

She paused a moment.

"But if they keep talking, I turn around and sock 'em."

The teacher sighed. "What am I going to do with you?" she asked.

The class broke into laughter.

In time, McMillan could see how hungry the women were to do things differently.

They wanted to help their children do better in school than they had done. They diligently practiced Spanish at the end of every class, smiling shyly as they tried to roll their "rrs," because they thought it would help them get jobs in their increasingly Latino neighborhood.

Among the most determined students was Drear, 42. Six feet tall and soft-spoken, Drear began having children in junior high. Her daughter Krystal Jones, a high school dropout struggling to find direction in life, was 27. Her son Eric, the one committed to a state hospital for assault, was 25.

She wanted them to be able to make it — for Krystal to "be able to focus on herself, and be able to provide for herself," and for Eric "to be in society and function ... and be around the family again, so we can be a family. We missing him so much."

Adding to her worries, she had become a full-time parent again. A social worker found her three nieces, ages 7 to 17, living as squatters in a house with no heat, hot water or power. They had come to live in the one-bedroom apartment Drear already shared with her daughter.

She has posted their artwork and school papers on her living room wall.

Every morning, she tells them the same thing: "You're going to school, every day."

Again and again, though, McMillan heard of personal tragedies: "Loss from death. Loss from incarceration. Loss from accidents. Lots of loss."

Sometimes the pain emerged indirectly.

Hale, a 24-year-old mother of four with an ever-changing hairstyle and an enviable wardrobe, held court in class with gossip and quips. She had dropped out of high school after becoming pregnant and getting into a fight with another student, but she was sharp. Tell her something once — a string of Spanish vocabulary or a list of "positive family attributes" — and she'd remember it forever.

She told charming, meandering stories. McMillan would ask her about financial planning and she'd ramble about a child she found wandering alone at the project and how she met a Latino man during her search for the mother who complimented her on her Spanish. That would somehow lead to a discussion of the nicknames for various landmarks around Jordan Downs and — even after a plea from McMillan to stay on topic — an endorsement of President Obama.

One subject Hale rarely mentioned in class was her 4-month-old daughter, Angeliyah, who died last January in her sleep, apparently of sudden infant death syndrome. A glance at her back told another story: Her daughter's name had been tattooed in black ink across her skin.

Last New Year's Eve, she poured her anguish out on Facebook: "angeliyah I missing u so much.... you not being here with us eating me up .. in tears missing my baby."

Mackey, the woman whose niece died, was more closed off.

When outreach workers knocked on her door last year, the 46-year-old had taken to staying in her apartment with the shades drawn, day after day.

She had never gotten over the death a decade before of her toddler son, who was killed in a car accident. Her husband died soon after of an aneurysm. She gave up being a mother parent, which once had filled her house with noise and laughter.

McMillan persuaded her to join the class, even though she had no kids at home, hoping to dislodge her from her hide-out. She often sat without speaking, her face drawn and impassive.

When Mackey's niece died, McMillan went to the funeral with her.

The following Monday, the teacher decided on the spot to tell the women about a death they didn't know about: that of her own son.

He was a doctor, just 32 years old. In 2005, he went to Jamaica on vacation and died. She keeps the details to herself.

The grief paralyzed her, she told her students. She was working as a principal at an elementary school in Carson and found she could no longer do the job she once loved.

"Every little boy was my little boy, just a constant reminder. I was coming to work very sad, crying before I went into work," she explained later. "I just didn't have the energy to lead anymore."

Eventually, after taking a few years off to help raise her grandchildren, she felt the need to return to work and heard about the job at Jordan Downs.

"There is life beyond the loss," she told the class.

From that day, the tenor of the class shifted; the women began to open up — even Mackey.

"It helped me realize, it's OK to talk about it," she said. "I don't feel so shelled around me, like I used to."

Mackey told the others just how despondent she had become. A few years after her son's death, she decided to kill herself with a kitchen knife. She stood in her living room, the blade pointed toward her heart, when her sister appeared at her door.

"That was nothing but God," she told the class. She was meant to live.

The day Mackey spoke, McMillan announced that she was starting a grief group on her own time, for parents whose children had died.

The first meeting, in July, had six people. By Christmas, when she held a candle-lit memorial service at the nearby fire station, so many came they ran out of chairs.

McMillan led the ceremony that night, her voice breaking as she spoke of her son. Her involvement at Jordan, she said, "has given my grief a direction. Before, I had nothing to do with the grief but grieve. But now I have a purpose ... a way to express it so it is helping others."

Mackey started attending the meetings. She got more involved in church, spending more time with family and friends. She also enrolled in a program at Jordan to get her GED, part of the initiative to transform Jordan. On the day her certificate was awarded last fall, she stood in front of a small crowd to read a poem she had written.

"Can people look inside and see that I have feelings? Do they know it's hard to make my way, to keep on trying every day?"

The poem hailed McMillan and her GED teacher — "those who kept me there, every

day, what made me the person that I am today."

By late winter Mackey still hadn't found a full-time job, though she was working part time at a day-care center.

Drear was thrilled to see Krystal finally get her GED. But then she learned her niece, one she had just taken in, was pregnant. She just turned 18.

A few days later, Hale's cousin, a woman well known to many in the class for her colorful personality, died in her sleep. No one knew why. Not yet 40, she left seven children. Some of the kids had fathers who could take them in, but others might wind up in foster care. The women worried about how to pay for the funeral.

Hale's face suddenly crumpled. She was reminded of the day she'd gone door to door seeking donations for the burial of her 4-month-old.

She waved her hand, as if to push the memory away. She had to focus. The following day, she was going to take her GED test.

"I'm ready," she said. "So I can get me a job."

McMillan smiled in encouragement.

After class, she retreated to her office, saddened by her students' latest troubles and marveling at their perseverance.

"It's a steep challenge, every day they wake up," she said. "But their gift, their spirit, is they don't stop.... The mere fact that they continue to come to class means they continue to have hope. That's the one thing that has not died — hope for a better future."

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**Did you know? Working helps further recovery more than any other single thing - more than therapy, case management or medication alone...**

I am Martha, a 33 year old single mother of two wonderful children, Jesse (13yo) and Abigail (8yo) who are my inspiration for a better life and future for our family.

Earlier in 2013, I graduated with an AA degree in Culinary Arts and secured a job. Unfortunately, I lost my job and we became homeless. Our family experienced difficult times and got entangled in the web of systems impacting our ability to move forward.

## **We Believe in Self-Sufficiency** **So We offer educational and vocational training for all our clients**

That is when I came to SHIELDS for Families. I enrolled in their Homeless CalWORKs Families Project (HCFP), and participated in the Individual Placement and Support (IPS) component. SHIELDS, HCFP and IPS provided me with the support I needed for my family to become self-sufficient again. We moved into a shelter for a year, received therapy, case management, and employment services such as educational training, resume workshops, interviewing skills, job training and linkage. All the services and support paid off...

My job developer helped me secure a few short-term employment opportunities while I participated in IPS services. Recently, I applied for a position with the Los Angeles County Department of Public and Social Services (DPSS) and my application was accepted! I am so excited to have secured a long-term, stable career to provide for my family.

I cannot imagine where my children and I would be today, or what could have happened to us, without the support of SHIELDS, HCFP, and the IPS component. Thank you to all those who believed in me from the beginning and provided me with support through all the difficult times until the end; Jeremy Argo, Shelia Nelson, Joyce Stone, Ana Gamez, Martha Ascencio, Torrie Wallace, and Angelica Sanchez-Enriquez.

Thanks to your assistance and encouragement, I can be proud of the example I set to my children by navigating various systems to advocate for our futures and I am confident that I can overcome any challenge facing my family. I will never give up and will always keep love, faith, and God as the important things in my daily life.



# Los Angeles Times

## Ambitious Makeover Planned For Old Housing Project

L.A.'s plans for Jordan Downs in Watts, to attract wealthier residents alongside poorer ones, is on a bigger scale than other cities have tried. But can it work?



By Jessica Garrison, Los Angeles Times

**D**enise Penegar puts a little extra effort into the teenage girls, the ones who've dropped out of high school to care for their firstborns.

Don't be afraid, the outreach worker tells them. Come down to the housing project's community center, get your GED and some job skills. Change your life.

"I was one of those girls," said Penegar, now 51 and still living in Jordan Downs, the Watts housing project where she was born.

Sometimes, she imagines how different her life might have been if someone had knocked on her door when she was 17, caring for her first baby. What would it have meant just to have "someone who is here who can help pick me up"?

Penegar is on the front lines of a bold social experiment underway at Jordan Downs, a project notorious to outsiders for its poverty, blight and violence but seen by many longtime residents, for all its problems, as a close-knit community worth preserving.

In the last year, the Housing Authority of the City of Los Angeles has begun an effort to transform Jordan that could cost more than \$600 million. The plan is to turn the complex of 700 aging units into a mixed-income community of up to 1,400 apartments and condominiums, with shops and restaurants and fancy touches such as native plant gardens. The city hopes to draw in hundreds of more-affluent residents willing to pay market rate to live side by side with the city's poorest.

Spurred by changes in federal funding and policy, such "mixed use" developments have sprung up in place of infamous housing projects all over the country. But experts say Jordan is taking an approach that has not been tried on this scale.

Typically, public housing residents are moved out ahead of the bulldozers, scattered to search for new shelter. In Los Angeles, the housing authority has promised that any of the 2,300 Jordan residents "in good standing" can stay in their old units until the day they move into new ones. The project is to be built in phases, beginning with units on 21 acres of adjacent land purchased by the authority in 2008 for \$31 million.

To ease the transition, the city has dispatched "community coaches" like Penegar, along with teachers, social workers, therapists — even police officers whose charge is not to make arrests but to coach youth football and triathlon teams.



In essence, officials intend to raze the buildings, not the community — and radically change its character.

It will be an enormous challenge, with success likely to be measured in tiny increments.

Only 47% of adults at Jordan reported any wages to the housing authority last year. As in many urban projects, poverty and social ills have multiplied through the generations, leaving some residents unfamiliar with opportunities and expectations beyond the neighborhood. Some rarely leave the area.

Before inviting in new neighbors with expectations of safety and comfort, the housing authority has begun flooding Jordan Downs with social services. Many of the programs are focused on women, because more than 60% of Jordan Downs' tenants live in households headed by single mothers. But men are targeted too — for job training and lessons in parenting, for instance.

By December, 10 months into the effort, more than 450 families had been surveyed by intake workers and 280 signed up for intensive services.

"Most people would say it's ambitious, but I think it's essential," said Kathryn Icenhower, executive director of Shields for Families, the South Los Angeles nonprofit that is running many of the new programs under a more than \$1-million annual contract with the housing authority.

It is unknown, however, how effective the social services will be, how easy it will be to draw in wealthier residents and how many millions of dollars the federal government — a major source of funding — will provide.

Already, the housing authority has picked a development team — the for-profit Michaels Organization and the nonprofit Bridge Housing, both with respectable track records in other cities. But with financing still uncertain, it is unclear exactly how many units will be built or how much various occupants would pay.

Ultimately, a working family could pay hundreds of dollars more in rent than unemployed tenants next door for a nearly identical unit. Officials say they do not expect Watts to draw the same kind of high-income residents as the former Cabrini Green project in Chicago, which sat on prime real estate near downtown. But Jordan is in a convenient location, near the intersection of the 105 and 110 Freeways; and in a high-rent city like Los Angeles, even the steepest rates at Jordan are likely to seem a bargain.

Despite the onslaught of social services and some palpable changes — including a 53% plunge in the violent crime rate at Jordan last year — financial risks abound.

Later this spring, the authority plans to put in an application for \$30 million from the federal government's Choice Neighborhoods Program as seed money. Without it, the project could be delayed.

Officials at Shields for Families said the city housing authority cut its contract by 30% this year, forcing them to scramble for replacement money from other sources.

L.A. Housing Authority Chief Executive Douglas Guthrie, who has worked on revamping other urban projects, including Cabrini Green, acknowledged the vagaries of the federal budget and other risks. "We have an uncertain path in front of us," he said.

Still, he characterized the housing authority's cut as a "slight reduction" — given that the Shields contract this year covers a shorter period. No matter what, he and a spokesman for Mayor Antonio Villaraigosa said, the city remains committed to improving the lives of residents at Jordan, where many families, particularly among the 40% of residents who are African American, have lived for generations. (A rising number of occupants are Latino, reflecting a larger demographic change in South Los Angeles.)

Over the years, the housing authority's management of Jordan has repeatedly been derided by residents and their advocates as neglectful and corrupt. Former Chief Executive Rudolf Montiel claimed some units had been commandeered by the Grape Street Crips and used for drug dealing, brothels and dogfights. In 2005, a federal audit found that hundreds of thousands of dollars intended for services at Jordan Downs had not been properly spent.

"There was so much corruption in the past in Jordan Downs, and people were just promised things that never came through, and when you keep doing that over and over and over again, folks start to lose hope," said Icenhower, of Shields.

This effort, city officials insist, is different. In recent months, Jordan's 49 acres of trash-strewn, scruffy grass and grubby pink buildings, sometimes bedecked with shrines to murder victims, has acquired the feel of a very unusual college campus.

At the community center, there are classes in financial literacy, computers, parenting, Spanish, English, "job readiness" — even in how to clean a stove and reduce clutter. Dozens of people have been enrolled in high school equivalency programs; 11 in the last year have graduated.

In late 2011, the housing authority began paying the Los Angeles Police Department \$1 million a year to send officers into Jordan and other Watts housing projects to steer children toward healthy activities such as team sports.



““There was so much corruption in the past in Jordan Downs, and people were just promised things that never came through, and when you keep doing that over and over and over again, folks start to lose hope,”

Kathryn Icenhower, SHIELDS for Families



Though reasons cannot easily be pinpointed, there has not been a homicide inside the project since August 2011, said LAPD Capt. Phil Tingirides. By contrast, in 2006, the LAPD reported 19 shootings and seven homicides around Jordan in a single month.

Officials have invested heavily in building community support for their proposed “urban village.” They’ve held frequent community meetings with residents, launched a Facebook page — featuring idyllic sketches of a bucolic park with picnicking families amid smart new four-story town homes — and given nearly everyone, it seems, a T-shirt proclaiming “Watts Is Worth It.”

“We are going to get to enjoy our new development,” said Anita Smith, 47, who has lived in the project for decades. “They say it’s gonna be seniors, middle-class people and low-income people; we gonna all mingle and get along.”

Others are not convinced their community needs a makeover.

“We are a family. We get along,” said Daritha Perkins, 51, a longtime Jordan Downs resident. “I have nothing bad to say about these projects.”

Many residents are aware that in other cities, when housing projects were razed in the name of reducing social ills, the efforts also ripped apart communities where people helped each other with such things as rides, child care and other essentials.

“The goal is basically to get rid of the folks they don’t want in the new development,” said L.A. tenant activist Becky Dennison. “It’s hard to prove, but if you look at what’s happened in every other development across the country, there’s reason for concern.”

Housing authority officials deny they are pushing people out. Grounds for eviction, which include conducting illegal activities in units and not paying rent promptly, have not changed, they say.

Across the country, moving impoverished public housing tenants next door to wealthier

neighbors has not always worked smoothly.

“There was animosity, conflict, friction, tension ... between both sides,” said Chicago activist Willy J.R. Fleming, who grew up in the former Cabrini Green project and has closely followed its makeover.

“People would have a gathering, and the [high-income neighbors] would assume they were dope dealers, gang members, and they would call the police and then the police would say, ‘No, this is just part of these people’s culture. This is a children’s birthday party.’”

Penegar, the outreach worker, sees a big upside to mixing impoverished residents with wealthier ones — something as important as social programs.

“I might run into someone who has a bakery, who wants to hire someone,” she said.

[jessica.garrison@latimes.com](mailto:jessica.garrison@latimes.com)



**SHIELDS**  
for families

*believing, building, becoming*

11601 S. Western / Los Angeles / CA 90047

TEL 323.242.5000

FAX 323.242.5011

EML [info@shieldsforfamilies.org](mailto:info@shieldsforfamilies.org)

WEB [www.shieldsforfamilies.org](http://www.shieldsforfamilies.org)

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# WAIVER NOW!

Summer 2009

## Spotlight on our partners

### *Using Upfront Assessments to Provide Better Services to Families*

SHIELDS for Families, Inc., one of nine original Family Preservation Programs (FPP) in Los Angeles County, has been providing child welfare services to families in Compton, Watts and surrounding areas since 1992. SHIELDS was instrumental in the design and development of FPP policies and procedures, and the implementation of FPP services. Over the first four years of the program, the number of children from the city of Compton who were placed in foster care decreased by 29%. As a result of this early success, SHIELDS was selected to implement several pilot programs in Compton, including Families First (Alternative Response) and the Point of Engagement Service Delivery System. Both have become prototypes for Los Angeles County and have assisted in decreasing the out-of-home placement rate by 31%.

SHIELDS is a comprehensive, community-based agency, annually serving 3000 families residing in South Central Los Angeles. It has 28 programs located in the communities of Compton and Watts and its primary goals are to: (1) promote family reunification and support families remaining intact in the community; (2) strengthen families through the provision of comprehensive and collaborative services; (3) improve the general well being of families through comprehensive health programs and preventive social services; and (4) promote self sufficiency and economic independence.

In 2004 SHIELDS began providing

*Continued on page 2*

### **Los Angeles County Department of Children and Family Services Flexible Funding Reinvestment:**

#### *A Proactive Approach to Meeting Children's and Families' Needs*

Participating in the Title IV-E Waiver Demonstration Project has been a positive experience for the Los Angeles County Department of Children and Family Services (DCFS) and its community partners, as children continue to be safely returned to their families, and the time required to find children safe permanent homes with caring adults has been shortened. During the first year of the Waiver, which began July 1, 2007, DCFS used its modest capped allocation flexible funding to expand three initiatives that improve safety and strengthen healthy connections between children, families and communities: Team Decision Making; Family finding and engagement; and Upfront assessments for mental health, substance abuse and domestic violence. By the end of the Project's first year, DCFS and the Department of Probation generated \$28.9 million in reinvestment funds; this was accomplished even as the nation began to experience one of the worst financial crises in decades and families began feeling the effects of the recession.

#### **Keeping the Momentum Going During the Recession**

With the recent announcement that the United States has been in a recession since December 2007, concern has mounted that the economic downturn could result in increased maltreatment and larger caseloads for family maintenance and out-of-home care. DCFS reforms have been essential to maintaining positive outcomes for children and families during the first year of the downturn and must be built upon to ensure child safety and well being throughout the recession. By keeping the reform momentum going, we can continue to produce additional reinvestment funds to support the needs of children and families even in the midst of the economic crisis.

- The good news is that the DCFS foster care census is still decreasing. Trend data for the past seven years show that the foster care census did not increase or decrease in correlation to the unemployment rate in Los Angeles County. This is important to note, since the unemployment rate has increased sharply from 6.6% in May 2008 to a high of 11.4% in May 2009.
- While the most recent caseload data are reassuring, there is still cause for concern about the impact of the recession on children and families. This downturn is more severe than any other in recent years, and family and community stressors have increased with potential repercussions difficult to predict.

*Continued on page 3*



Upfront Assessments in collaboration with two DCFS offices: Compton and Wateridge utilizing the Point of Engagement Service Delivery System. SHIELDS staff work directly with DCFS Emergency Response staff when a high-risk family is identified through a child abuse/neglect investigation. Master's and Doctoral level clinical staff meet with caregivers in the home and conduct upfront assessments by utilizing a standardized tool to assess for areas of dysfunction. Often, assessments find that families are faced with domestic violence, mental health, substance abuse, occupational, and other concerns that may render an environment unsafe for their children. By quickly linking families to services, DCFS may not have to remove the children from their homes.

Since the inception of Point of Engagement, more than 1700 upfront assessments have been completed and only forty-five cases resulted in detention post-assessment. Of these cases, 38% addressed mental health concerns, 6% addressed substance abuse, 4% addressed domestic violence, and 52% comprised two or more of these issues.

We spoke with SHIELDS Executive Director, Dr. Kathryn Icenhower about upfront assessments for our first Spotlight on Our Community Partners column.

**DCFS: How do upfront assessments help families?**

*Dr. Kathryn Icenhower (KI):* Upfront assessments help families by evaluating caregiver issues and needed services, in collaboration with the DCFS Emergency Response Worker, prior to placement determination. In this process, families are linked to service(s) indicated, typically during the time of assessment. Clinical staff also attend the family Team Decision Making (TDM) meetings and assist with the development of a family safety plan.

**DCFS: What makes your work unique?**

*K.I.:* Upfront assessments are unique because Licensed Masters or Doctoral level mental health professionals administer the assessments in the family's home. Additionally, the assessment protocol is standardized and addresses the major domains of functioning. While DCFS focuses their assessment on risk to the child's safety, the upfront assessment focuses on the caregiver(s) capability to care for the child, including both strengths and challenges; it helps to identify the extent of the problem(s) the caregivers are facing. In doing so, DCFS receives additional information that helps in determining the best plan for the family.

**DCFS: Have you seen any changes in the way DCFS is doing business?**

*K.I.:* We have seen a marked difference in how DCFS

conducts business. In the past, DCFS lacked a structured approach for providing services to families. Without expert input on issues involving mental health, substance abuse and domestic violence, children of high-risk families were often detained immediately. Services to the family may not have been put in place until months afterward, if at all. Now, DCFS approaches families respectfully and quickly evaluates their needs. TDM meetings provide an opportunity for families to be engaged in case planning and linked to more appropriate services faster.

**DCFS: What are your greatest challenges?**

*K.I.:* The greatest challenge that SHIELDS has encountered is recruiting mental health professionals who have the cultural competence to work with the families served in our community. Also, obtaining community resources for indigent and/or monolingual Spanish-speaking families has often been an obstacle to expedient and appropriate services. Even in situations where families qualify for services, access is often impeded by agencies' waiting lists and policies.

**DCFS: What are your greatest rewards?**

*K.I.:* The greatest reward is seeing families remain intact and receive the help they need to stay together.

**DCFS: What advice can you give others who want to provide these services?**

*K.I.:* Our advice is to just do it! The reward of seeing families able to stay together is worth all the hard work it takes to run an effective and efficient program.

**DCFS: How do you see this evolving in the future?**

*K.I.:* We hope to expand the number of assessments we are able to provide. Our agency has recently begun working with the DCFS Command Post to provide upfront assessment services for the referrals they receive. SHIELDS has provided training on conducting upfront assessments to other mental health providers in hopes that they will expand services in their Service Planning Areas (SPA).

**DCFS: What impact will you have on the future of your SPA?**

*K.I.:* Since the implementation of the Point of Engagement Service Delivery System in Compton (SPA 6), out-of-home placement rates have been significantly reduced, and the amount of time children are in out-of-home care has been reduced to less than a year; data indicate that previous average out-of-home placement were close to two years or more. It is our hope that the outcomes for families in our SPA will continue to improve with the expansion of Point of Engagement services. ■



- The DCFS reform emphasis on community engagement and family support has been at the core of recent child welfare improved outcomes: a steady decline in the out-of-home care caseload in the past five years, a decrease in child abuse recurrence rates and more familial ties and supports for thousands of children in Los Angeles County.
- Investing now in more community resources and family support is a crucial part of keeping this momentum going. An opportunity exists for proactive use of the flexible funding reinvestment to expand community-based services to help families before crises overwhelm their ability to parent. In the second sequence of reinvestment, we therefore propose to invest over 80% of funds in community-based services and supports.
- Joining the capped allocation flexible funding demonstration project six months before the longest recession since 1982 has allowed DCFS to meet the real and emerging needs of children and families. The terms of the project require the State to provide the capped allocation to the County through June 2012, with a growth factor of 2% each year for most of this revenue. Since the terms of the agreement require that any reinvestment be spent on child welfare services, the County is able to provide more crucial resources at a very critical time.

Mindful of this situation, DCFS is utilizing its second sequence reinvestment funds to keep the momentum going and improve the protection of children and stability of families, as follows:

**Up-front Assessments for High-Risk Families on Mental Health, Substance Abuse and Domestic Violence** – To reduce entries into foster care and help parents who need services to expedite reunification, additional Family Preservation (FP) agencies will provide 5,000 expert upfront assessments annually of high risk referrals involving mental health, substance abuse and/or domestic violence; participate in Team Decision Meetings (TDM's); and provide FP and Alternative Response Services (ARS) to 500 additional families across all regional offices. This will allow for immediate, comprehensive assessments and much faster linkages to treatment and ancillary services for parents in the community. Three administrators will be hired to manage the expansion, including oversight of FP contracts.

**Countywide Prevention Efforts, Such as Differential Response** – The Prevention Initiative Demonstration Project (PIDP) will continue providing a more comprehensive array of services, resources and supports to participating families; and increasing relationships/partnerships between DCFS and community agencies. With Differential Response (DR), appropriate Child Protection Hotline (CPHL) referrals will be diverted to community agencies before family needs escalate and child safety becomes a concern, so families can access services, activities and supports. This will increase shared responsibility for child safety in the community and decrease the number of referrals to regional offices.

**Promoting Safe and Stable Families (PSSF)** – Funds will be provided to avoid cutting contracts in the middle of the year due to federal cuts, in FY 2008-09 only:

- **Family Support** to strengthen families and reduce the number of entries into foster care. Family Support services provided by community-based agencies promote child and family well-being, by increasing family strength and stability and increasing parents' confidence and competence.
- **Family Preservation** services to reduce the number of entries into foster care and shorten reunification timelines. Family Preservation Agency services support and preserve families who are at risk or experiencing problems in family functioning, with the goal of assuring children reside in safe and nurturing environments.
- **Time Limited Family Reunification Services** to shorten reunification timelines by accessing alcohol and drug assessment and treatment for eligible DCFS families.
- **Adoption Promotion Services and Support (APSS)** to shorten timelines to permanency by expediting the adoption process and supporting adoptive families. Community-based agencies provide information, therapy, support groups and linkages to services.

**Regional Office Community Partnering** - Funds will be provided to DCFS regional offices to deepen collaborative work with community partners on key reforms such as eliminating racial disparity and disproportionality, and expanding child abuse and neglect prevention services.

**Expansion of Team Decision Making (TDM)** conferences to identify safe alternative plans and services for families investigated for child abuse or neglect at night and on weekends by the Emergency Response Command Post (ERCP). Eight additional TDM facilitators and a supervising manager will be hired as part of the Board approved Katie A. Strategic Plan.



*Continued from page 3*

**Expansion of Family Finding and Engagement** to provide high-needs youth with stability and increased connections and permanency. With 9 additional social workers and 3 support staff, the specialized Youth Permanency (YP) Units established in Metro North and Pomona offices with reduced caseloads of 15 and special training will expand to 6 social workers each, and a YP Unit will be added in Santa Clarita.

## **Strengthening Community Partnerships!**

Serving the children and families in Los Angeles County requires partnership efforts, and DCFS is committed to strengthening its partnerships with the community! To expand and build upon community partnerships, five convenings were held across the County during the month of May. The convenings were very well received, and the Department is extremely grateful to all who participated, including DCFS staff and partners from a wide variety of public and private agencies that work on behalf of children and families.

In the morning, the convenings utilized an experiential Wraparound Child and Family Team meeting skit to demonstrate how engagement and teamwork can best meet the needs of children and families. Table discussions followed with a report out to the larger group. Later, DCFS and the community teamed together to present two sessions of a wide variety of workshops, including those addressing Team Decision Making, Icebreakers, Parents in Partnership, Upfront Assessments, Domestic Violence in the Community, Linkages, the Prevention Initiative Demonstration Project (PIDP), Mental Health Collaboration, Kinship Care Supportive Services and Collaborations, Restoring Families through Partnership Relations, Relationship Community Organizing, Teaming Approach to Purposeful Visitation, and Family Visitation with Community Partners.

Following the workshops, one of the convenings focused on Eliminating Racial Disparity and Disproportionality (ERDD). The other four convenings chose to have DCFS staff and community partners meet together as regional offices or Service Planning Areas (SPA) to discuss their top partnering successes and challenges and action steps to keep the partnership momentum going. Based on the success of these convenings, DCFS plans to engage its community partners in planning for additional regional convenings within the year.

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Children and Family Services**  
425 Shatto Place  
Los Angeles, CA 90020  
[www.lacdcfs.org](http://www.lacdcfs.org)  
[www.lacounty.info](http://www.lacounty.info)

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**Patricia S. Ploehn, LCSW**

# State Lawmakers Push to Improve Foster Care System

Written by Karen Massie  
8:04 PM, Jul 31, 2008

SACRAMENTO, CA - California cares for some 75,000 children in foster care. Too often, we hear about children being bounced from one foster home to another. Far too many stay in the system until age 18 and face incarceration, being homeless and life without a high school degree.

In an effort to fix a system that fails too many children, Assembly Speaker Karen Bass (D), Los Angeles and Assemblyman Jim Beall, Jr. (D), San Jose held a special hearing at the State Capitol to discuss ways to improve foster care.



"I know the state is having a budget crisis and foster care program have experienced budget cuts," Bass said. "We need to establish a stream of permanent funding so they won't have to go through every year. We want to hear about programs that work and replicate throughout the state."

Patricia and Jose, a couple from Los Angeles, came to Sacramento to tell legislators their story about dealing the Department of Children and Family Services. The couple had 2-year-old twins at home when Patricia gave birth to a baby.

"The baby came out testing positive for drugs," Patricia said. "They came in and took the kids," said Jose. "We had to give up the apartment. So, we were basically out the street."

But instead of separating the family county officials contacted **SHIELDS for Families**.

"We are the only program of its kind in the country that treats the whole family," said SHIELDS founder Dr. Kathy Icenhower. She said she started the program because substance abuse forces thousands of children into foster care. "When you take away the kids, for most women, you've taken away their hope. They're not bad parents. They've just made mistakes in their lives," Icenhower said.

Patricia, Jose and the children stayed together in housing the program provided. They also received drug treatment, child care, legal help and transportation.

"I didn't have to ask my social worker for anything," said Patricia. "SHIELDS provided everything I needed." "We also got intensive parenting classes and job training," Jose said.

Icenhower said SHIELDS total budget for the treatment of 5,000 families is about \$22 million a year. "It cost \$25,000 a year to treat Patricia, Jose and their three children. That's a whole lot less than spending \$20,000 just to put the kids in foster care," Icenhower said.

Patricia and Jose have regained legal custody of their children and have jobs. Patricia said, "I'm proud of myself. I feel good about myself," Patricia said.



## Back on their feet

With the help of a program designed for their needs, people whose backgrounds make it difficult to find work receive a second chance at starting a career.

By **LEILONI DE GRUY**  
STAFF WRITER

La-Shell Lewis first went to prison for drug possession in 1988. After her release, she was clean for two years but a relapse sent her back in 1996. Two more years of sobriety were met with another relapse and another visit to prison in 2000.

But prior to her release in 2001, Lewis' life was changed when Bishop Noel Jones, pastor of City of Refuge, visited the women's detention center and gave her the message she so desperately needed.

Lewis began working with mentally disabled children, then in 2003 she went back to school to get her high school diploma.

Now eight years sober, the mother of six, two of whom are deceased, is a medical file clerk for Lynwood-based Barbour & Floyd Medical Associates.

Approximately four months ago, her life took another turn when she passed by Shields for Families main office and noticed men and women carrying ladders and working on telephone poles. Her curiosity caused her to inquire. It was then that she made the decision to expand her skills by joining Shields' vocational certification program, which would certify her in fiber optics and telecommunications.

"I learned fiber optic cable wiring, telephone jacks ... just doing the basics such as punching down, learning how to do video sound and network," said Lewis, who had no prior skills in the area. "My office has a telecommunications room ... so by looking into the [program], I was [able to see] this is the same stuff and I love doing things with my hands. ... Say our phone lines go down at our company I am [now] able to help see why the phones don't work. ... I can go into our telecommunications box and see what's the problem, whether it's the telephone jack or the phone [itself]."

Shields for Families, in partnership with the county Department of Children and Family Services, has been providing career opportunities in medical billing, fiber optics and telecommunications for residents like Lewis, many of whom have prior drug and criminal records.

In addition, Shields provides community workshops, vocational services, legal services and linkage and referral resources to all



Photos by Gary McCarthy

La-Shell Lewis had been incarcerated several times before turning her life around in 2001. A graduate of the Shields for Families program, she now works as a medical file clerk.

persons. Currently, Lewis is receiving legal services from Shields in order to get her record expunged.

Dawn Warrington, who also graduated from the program's first class Nov. 13 and received a certificate in fiber optics and telecommunications, has had her own road to recovery.

The mother of two lost her job as a florist three years ago when she went to prison. "I never wanted to be away from my children again," she said.

It was then that she began looking to enter a drug rehab program that would allow her to have both of her children with her. After a long, in-depth search, she found Shields and for the past 14 months has been in its Exodus Day Treatment Program, which helps women with substance abuse and mental health problems and those at risk for homelessness.

Four months ago, she too became aware of the organization's Vocational Certification Program and began the 12-to-14-week class designed to give people the skills they need to find jobs, be self-employed or perform additional tasks at their current job.

"We learned everything from ladder control to fusing the fiber together. We learned so much, I mean I got certified in fiber," Warrington said. "We learned how to climb the poles, we learned how to hook up cable, how to do telephone lines by installing them from the pole, from the hub, all of that. It was a great class."

With three months left to go in the recovery program, Warrington is excited about the possibilities of employment.

"I have gotten so much out of it," she said. "I have learned how to stand on my own two feet. I've been unable to work so that has humbled me as far as finances but I am presently on aid. I am learning how to stand on my two feet without having to break the law to get it and I've learned to be a better parent," she said.

"I'm learning how to live without the use of drugs. My life is good today. This program is just awesome. They help you in

every aspect of your life. I am working now on getting my high school diploma through Shields for Families. ... They have life skills classes, relapse prevention, anger management and I have my two children here. ... I know good things are going to come."

The vocational program, based out of the Lynwood office, 2640 Industry Way, is held four days a week, three hours a day. There, they have a telecommunications room with a lab so that everything is hands on and also have a lecture room for instruction and testing.

Shields has been providing these services, according to vocational services trainer Adrian Williamson, who specializes in fiber optics and communication, for about six years but in terms of the program itself this is their first.

The graduating class was made up of 22 students. Of those who were unemployed, eight have been offered employment, accounting for roughly 50 percent of the class who are working now.

Prior to the program, many worked as warehouse attendants, security guards and customer service representatives.

The classes are free. The organization takes care of the tuition.

"The students are recruited throughout the community,"

Williamson said. "Some drop in [and] some are part of the Shields for Families services. Then we orient them to make sure that they are ready for the course."

Students in this class came from Inglewood, Lynwood, Compton, Watts, Echo Park, Los Angeles, even Eagle Rock and Glendale.

What makes the program a success is Shields' ability to partner with corporations throughout the area. According to Williamson, students have found placement at Time Warner Cable, T-Mobile, Charter Cable, Verizon Wireless and AT&T by working directly with their human resources department.

"They know that when our students graduate they are given the proper training and then they know that the persons are going to do extensive customer service components, [such as] dealing with the clients when they go into their home and then they have the skill set as well. So, it's kind of a win-win for us and [partnering organizations] because they know that these persons are dedicated and they want to be in the telecommunications field and for us it's a shoe-in because our successes are basically based on our placement," Williamson said.

Students, he said, generally make anywhere from \$12-\$25 an hour and this being based on entry level positions, therefore there is room to make more money as they continue.

Audrey Tousant, program manager, added that "the goal is to assist [clients] in their economic growth and enrich their ability to attain salaries higher than minimum wage."

In addition, Shields also has connections with smaller, more local businesses but more importantly the skills provided make it possible for students to start their own business right after they've completed the program.



Shields for Families program manager Audrey Tousant (left, with LaShell Lewis) says her "goal is to assist [clients] in their economic growth and enrich their ability to attain salaries higher than minimum wage."

"We try to give them as much training and vocational training in telecommunications as we possibly can; meaning they learn how to repair computers, they learn how to install the computer, they learn how to install phones. ... We teach our students how to install surveillance cameras, we teach them fiber optics, fiber optics is the newest way of transmitting data, we teach them ladder management and pole climbing," Williamson said.

"So, we try to make it where when our students graduate they have multiple skills and that they are able not only to work for a particular corporation, for instance Time Warner, but they can also work for themselves."

For Lewis, the program could not have come at a better time. After working for Barbour & Floyd for two years, she was recently notified that she would be laid off as of Dec. 31. It is now Lewis' hope to put her certificate to use and collaborate with Shields to find employment in the field.

The next class will begin Feb. 2. This time the program will be for eight to 12 weeks. It will continue to be held four days a week, three hours a day and will be held at Shields' Lynwood office.



## SHIELDS for Families Receives Recognition

Written by Sentinel News Service, on 06-11-2009 00:00

SHIELDS for Families' co-founder Kathryn Icehower at the 2009 James Irvine Foundation Leadership Awards. Recipients receive \$125,000 and additional support from the Foundation.

Icehower, a social worker in South Los Angeles during the crack epidemic in the late 1980s, saw one newborn after another born addicted to drugs. One hospital near Watts delivered 1,200 drug-exposed babies in 1987 alone. Alarmed by the epidemic and determined to find a solution, Icehower discovered that many women refused treatment at rehabilitation centers because they knew their children would be sent to the foster care system while they were away.

SHIELDS for Families was created in 1991 so that there would be a new model of substance-abuse treatment based on what Icehower considered simple common sense: Keep families together by letting children stay with their mothers at the treatment center and help families address the range of issues connected with substance abuse through family therapy, parenting classes and other services.

Since the program was founded in 1991 the results have been great. More than 80% of SHIELDS' clients complete their treatment program, triple the national average. The number of drug-exposed newborns at the South Los Angeles hospital soon dropped to 250 a year, saving the hospital \$60 million per year.

SHIELDS now has 30 intervention programs that help families have a healthy and productive future: family therapy, parenting classes, housing, education and job training. SHIELDS also owns apartment complexes where clients can live and access services on-site.

Icehower grew increasingly concerned, however, by the number of local children directed into the foster care system. Icehower knew that outcomes are significantly better for kids who come from intact families. And she knew 80 to 90 percent of child welfare cases in Los Angeles County involved substance abuse, not child abuse. In these cases, children were routinely removed from homes with the presence of drugs without a fuller assessment conducted to determine other possible options.

In 2004, working with the Los Angeles County Department of Children and Family Services (DCFS), Icehower designed an initial assessment protocol that, during a child-welfare crisis, looks at the family situation and offers immediate assistance and treatment if necessary. In the first three years, the protocol helped reduce out-of-home placements by 62 percent in the Compton area. It has been so successful in Compton that DCFS adopted it this year as a countywide approach. The estimated savings to Los Angeles County due to the anticipated reduction in foster care placements over five years will be \$92 million.

For her insights and effectiveness in keeping families in Los Angeles together and helping children grow up in healthier environments, Kathryn Icehower is a recipient of a 2009 James Irvine Foundation Leadership Award.

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